

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36481

Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 668
 (b) Township Sedalia Primary Registration District No. 3632 Registered No. 301
 (c) City Sedalia (d) Street No. Bathwell Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 317 E St Louis St. ☐ (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Do not know</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Do not know</u>		
7. AGE <u>about 54</u>	YEARS MONTHS DAYS	IF LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Resturant</u>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hickory Co Mo</u>		
13. NAME <u>William Wigginton</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
15. MAIDEN NAME <u>Do not know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>		
17. INFORMANT (ADDRESS) <u>Hospital Record Sedalia Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Crown Hill</u> DATE <u>Oct 22</u> 19 <u>38</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Mrs Laughlin Brea Sedalia Mo</u>		
20. FILED <u>10/22</u> 19 <u>38</u> <u>Jean Slack</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 20 1938

22. I HEREBY CERTIFY That I attended deceased from Supt 24 - 1938 Oct 20 1938

I last saw him alive on Oct 19 1938. Death is said to have occurred on the date stated above, at 1:30 pm.

The principal cause of death and related causes of importance were as follows:

Apoplexy -
Paralysis

Other contributory causes of importance: 34
Curtis

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) E. J. [Signature] M.D.
 (Address) Sedalia

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 11/2/38

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

Robert H. Reed

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Robert H. Reed

Licensed Embalmer No. _____

3745

P. O. Address _____

Bedalia Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.