

REC'D AUG 7 1939

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

24496

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kew Primary Registration District No. 1002 Registered No. 2709
(c) City Kansas City (d) Street No. Children's Mercy Hosp 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 Earl Wigglesworth

(a) Residence, No. _____ St. Heatherby, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-10-38</u>				
7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.	
	<u>9</u>	<u>25</u>	<u>None</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.			
	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>Winston, Missouri</u>				
FATHER	13. NAME <u>David Wigglesworth</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Heatherby, Missouri</u>			
MOTHER	15. MAIDEN NAME <u>Margaret Lucille</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Heatherby, Missouri</u>			
17. INFORMANT <u>David Wigglesworth</u> (ADDRESS) <u>Heatherby</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Winston, Mo.</u> DATE <u>9-25-39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>David Wigglesworth</u> <u>Heatherby, Mo.</u> (Father)				
20. FILED <u>Jey</u> , 19 <u>39</u> <u>M. M. Broome</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1939

22. I HEREBY CERTIFY, That I attended deceased from

9-4-1939 to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at 7:40 a.m.

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

Cholera
Septicemia
Terminal 119B
Kew

Date of onset

Name of operation _____ Date of _____

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

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) M. B. Soderberg, M.D.(Address) 1315 Prof. Bldg

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.