

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **32244**

Registration District No. **408**

Primary Registration District No. **2020**

Registrar's No. **171**

1. PLACE OF DEATH

(a) County **Jasper**
(b) City or town **Carthage**
(c) Name of hospital or institution
123 E. 6th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **THOMAS L. WIGGINS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **widowed**

6. (b) Name of husband or wife **Jennie Wiggins** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **November 21 - 1856**
(Month) (Day) (Year)

8. AGE: Years **83** Months **9** Days **17** If less than one day
hr. min.

9. Birthplace **Altona Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Merchant**

11. Industry or business

MOTHER FATHER { 12. Name **Thomas Wiggins**
13. Birthplace **Ross County Ohio**
(City, town, or county) (State or foreign country)
14. Maiden name **Mary Altona**
15. Birthplace **Heinrichs Co. - Penn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Harold Wiggins**

(b) Address **Carthage, Missouri**

17. (a) **Burial** (b) Date thereof **Sept. 10 - 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Paul Cemetery**

18. (a) Signature of funeral director **Ernest Mortuary**
(b) Address **Carthage, Missouri**

19. (a) **Sept. 10, 1940** (b) **R. J. McSature, M.D.**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**
(c) City or town **Carthage**
(If outside city or town limits, write "RURAL")
(d) Street No. **122 E. 6th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A? **years**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9** day **8**
year **1940** hour **1:30 PM** minute **M.**

21. I hereby certify that I attended the deceased from **July 20**
1940 to **Sept 8**, 19**40**

that I last saw him alive on **Sept 5**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Brights disease**

Due to **Senility**

Due to **171**

Other conditions **171**
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence

(c) Where did injury occur? **865**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature **R. E. Baker** (M. D. or other)

Address **Carthage Mo** Date signed **9-9-40**

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 F. W. K. mull

Licensed Embalmer No. 814

P. O. Address Carlthage, 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.