

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 398

Primary Registration District No. 5534-5354

Registrar's No. 250

1. PLACE OF DEATH:

(a) County Jackson Blue Trip
(b) City or town Ida Mo
(c) Name of hospital or institution:
40 Highway + Booth (Rural)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Ida City Mo.
(If outside city or town limit, write "RURAL")
(d) Street No. 40 Highway + Booth
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME CHARLES B. WIGFIELD

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1882 Unknown
(Month) (Day) (Year)

8. AGE: Years 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Marionville Mo _____
(City, town, or county) (State or foreign country)

10. Usual occupation Painter

11. Industry or business _____

12. Name John J. Wigfield

13. Birthplace Virginia _____
(City, town, or county) (State or foreign country)

14. Maiden name Maie Johnson

15. Birthplace Missouri _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. McFarland
(b) Address 40 Highway + Booth

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodland Cem

18. (a) Signature of funeral director R. E. Spaw, Maysburg
(b) Address 2315 Downing Blvd
19. (a) Oct. 15-40 (b) A. G. Cook
(If received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day 10-10-40
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____;
that I saw him _____
and that he died on the date and hour stated above. _____ 19____;
Immediate cause of death _____ Duration _____

Gunshot wound of head

Due to _____

Other conditions (Include pregnancy within 3 months of death) 167

Major findings: Of operations _____
Of autopsy Yes

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 10-10-40

(c) Where did injury occur? K. E. Jackson Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
3600 While at work? _____ (Specify type of place)
Means of injury _____

23. Signature Walter M. Miller (M. D. or other) 5
Address K. E. Mo. Date signed _____

18
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Ray E Snow

Licensed Embalmer No. 2560

P. O. Address 1807 E 29th

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.