

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

**1. PLACE OF DEATH:**

(a) County JASPER  
(b) City or town JOPLIN  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
CONNOR HOTEL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution NONE (Specify whether  
In this community 40 YEARS (years, months or days)

**3. (a) PRINT FULL NAME**

Nelson Wiggins

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RILMA

6. (c) Age of husband or wife if alive UNKNOWN years

7. Birth date of deceased JUNE 26 1894  
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 15  
If less than one day hr. min.

9. Birthplace CARTHAGE MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation CAFE OWNER

11. Industry or business CAFE

MOTHER FATHER { 12. Name Thomas Wiggins  
13. Birthplace ILLINOIS  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name JENNIE WOLFLEY  
15. Birthplace OHIO  
(City, town, or county) (State or foreign country)

16. (a) Informant RILMA Wiggins  
(b) Address CARTHAGE MISSOURI

17. (a) BURIAL (b) Date thereof April 12 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PARK CEMETERY

18. (a) Signature of funeral director KNEEL CEMETARY

(b) Address CARTHAGE MISSOURI

19. (a) 4-12-41 (b) Ed E. Jones  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JASPER 49  
(c) City or town CARTHAGE 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. 110 West Fifth 2  
(If rural, give location)  
(e) Citizen of foreign country? 1 (Yes or No)  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Apr day 10  
year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him did not see him alive alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Septic poison Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Alcoholism X  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 10/10

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) suicide  
(b) Date of occurrence Apr 10 1941  
(c) Where did injury occur? Joplin Jasper Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Connor Hotel  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury Gun

23. Signature R. W. Webster (M. D. or other) \_\_\_\_\_  
Address CARTHAGE MO Date signed Apr 10 1941

41-5-447

SEP 29 1941

OCT 6 1941

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..... *David Nelson*.....

Licensed Embalmer No. *3898*.....

P. O. Address *Joplin 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, fact should be so stated above.