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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20843

FILED JUL 7 1941  
3 99

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 2373

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: Children's Mercy Hospital  
(d) Length of stay: In hospital or institution 2 mo - 29 days  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay  
(c) City or town North Kansas City  
(d) Street No. Rural Rt. #8  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME

John Wiggins

3. (b) If veteran, name war \_\_\_\_\_

(c) Social Security No. \_\_\_\_\_

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if \_\_\_\_\_ years

7. Birth date of deceased: October 31 1938  
(Month) (Day) (Year)

8. AGE: Years 2 Months 7 Days 21  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Clay County (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name Albert Wiggins

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

14. Maiden name Lorene Lamb

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

16. (a) Informant Albert Wiggins

(b) Address Rt. #1 N. K.C. Mo.

17. (a) Burial (b) Date thereof 6 23 41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director John S. Swanson  
(b) Address N. Kans. City Mo.

19. (a) 6/22/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1941 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from June 21, 1941, to June 21, 1941, that I last saw him alive on June 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to ~~Septicemia~~ Anemia Secondary toxic

Due to acute media purulent pneumonia

Other conditions measles, 7/12/41

Major findings: Of operations 22 25

Of autopsy Same terminal broncho-pneumonia

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

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (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 W.B. Soderberg (M. D. or other) \_\_\_\_\_

Address 1316 Elm St. Date signed \_\_\_\_\_

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

20-41

**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.....

*John S. Morton*

Licensed Embalmer No. 3197.....

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, fact should be so stated above.**