

FILED FEB 7 1943

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

Primary Registration District No. 4-0-80-50-19A

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County BATES  
(b) City or town RURAL HOWARD TWP.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County BATES  
(c) City or town RURAL Hume  
(If outside city or town limits, write "RURAL")  
(d) Street No. HOWARD TWP - Hume Mo.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELIZA JANE Wiggett

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

4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased Aug 25 1846  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>95</u>	<u>5</u>	<u>29</u>	_____ hr. _____ min.

9. Birthplace Wm Virginia  
(City, town, or county) (State or foreign country)

10. Usual occupation Home wife

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

MOTHER FATHER

12. Name JAMES C McCLURG

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

14. Maiden name MARY E BARR

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

16. (a) Informant Anna Wiggett  
(b) Address Hume Mo

17. (a) \_\_\_\_\_ (b) Date thereof Jan 26 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HUME CEMETARY

18. (a) Signature of funeral director R. W. McConnell & Son  
(b) Address Hume Mo

19. (a) Jan 28 1942 (b) Gerald Martin  
Date received local registrar (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24  
year 1942 hour \_\_\_\_\_ minute 4:30 P.M.

21. I hereby certify that I attended the deceased from Oct 6 1941 to JAN 24 1942  
that I last saw her alive on Jan 22 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Complications following Fract. of Left Femur caused by a fall on Oct. 6, 1941.

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

Other conditions Superiorulobrosis  
(Include pregnancy within 3 months) Stenoclysis

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

(a) Accident, suicide, or homicide (specify) Accident - FALL

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

(c) Where did injury occur? Hume (P.R.) Bates Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
At her suburban farm home  
While at work \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Fall

23. Signature Reuben Smith (M.D. or other) \_\_\_\_\_  
Address Rish Hill Mo Date signed 1/24/42

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

54

RECEIVED

District Health Officer No. 7,

District File Number 2-42-2

Date Filed 2-5-42

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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, fact should be so stated above.