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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1942

Registration District No. 944

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24516

Primary Registration District No. 5558

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
19 West 88th Street, /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community Unknown,
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 19 West 88th Street, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME Miss Gertrude Wiggins,

3. (b) If veteran, name war no.

3. (c) Social Security No. 567-20-3018

4. Sex Female

5. Color or race White /

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased January (Month) 31 (Day) 1896 (Year)

8. AGE: Years 46 Months 5 Days 13 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business x

FATHER
12. Name C. T. Wiggins,
13. Birthplace New York, 1 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Lena Parsons,
15. Birthplace Sweden, 4 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Wiggins,
(b) Address 19 West 88th St., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7- -42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) July 16-1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1942 hour 9:45 minute P. M.

21. I hereby certify that I attended the deceased from June 22, 1942, to July 13, 1942
that I last saw her alive on July 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Metastases	
Due to Carcinoma of Breast	2 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operation Carcinoma - Removal of Breast - 2 yrs ago	
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)
(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?
(Specify type of place)
While at work? (e) Means of injury 0

23. Signature Carl R. Ferris (M. D. or other) [signature]
Address 934 Argyle Bldg Date signed July 13, 1942

(Licensed Embalmer's Statement on Reverse Side)

1182 Dr. Annie W. Hedges

Dr. Carl Ferris

Vic 8227

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 Felix Reny

Licensed Embalmer No. 4127

P. O. Address K C 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.