

FILED OCT 7 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30805

Do not use this space.

1. PLACE OF DEATH

6(a) County Macon Registration District No. 202
 (b) Township Walnut T.S. Primary Registration District No. 4313
 (c) City Elmer Mo (d) Street No. 11
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Adeline Wiggins
 (a) Residence, No. Elmer Mo St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 13, 1855</u>		
7. AGE	YEARS <u>87</u>	MONTHS <u>3</u>
	DAYS <u>15</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc.	<u>Retired</u>
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolls, Co. Mo.</u>		
FATHER	13. NAME <u>Daniel Herrin</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Bell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Don't know</u>	
17. INFORMANT <u>Mrs Lloyd Baker</u> (ADDRESS) <u>Elmer Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Elmer Mo</u> DATE <u>Sept 30, 1942</u>		
19. FUNERAL DIRECTOR (NAME) <u>Humboldt</u> (ADDRESS) <u>Atlanta, Mo.</u>		
20. FILED <u>Sept 30, 1942</u> <u>Minnie Freed</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 28, 1942

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1942 to Sept 28, 1942
 I last saw h. alive on Sept 28, 1942 Death is said to have occurred on the date stated above, at 11 A.M.
 The principal cause of death and related causes of importance were as follows:
Acute Bronchial
pneumonia
due to Influenza

Date of onset
9-27-42
9-25-42

Other contributory causes of importance:
Chronic Nephritis
(Arteriosclerosis)

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Arnold D. Leiby, D.O., M.D.
 (Address) Elmer Mo.

1038

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X14628

RECEIVED

District Health Officer No. 10

District File Number 10-42-1804

Date Filed OCT 2 - 1942

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, _____

H M Gooding

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed *H M Gooding*

Licensed Embalmer No. 1750

P. O. Address *H M Gooding*

Atlanta, Ga.

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.