

5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41633

State File No.

Registrar's No.

Registration District No. 78

Primary Registration District No. 3054

1. PLACE OF DEATH:

(a) County PIKE

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

(c) Name of hospital or institution: PIKE CO HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community ENTIRE LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County PIKE

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

(d) Street No. EAST GEORGIA ST. 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME JAMES REID WIGGINTON

3. (b) If veteran, name war —

3. (c) Social Security No. 490-18-4844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11 year 1942 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from 12-6-42 to 12-11-42

that I last saw him alive on 12-11-42 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of prostate

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH WIGGINTON 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: OCTOBER 13 1880
(Month) (Day) (Year)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years 62 Months 1 Days 28 If less than one day _____ hr. _____ min.

9. Birthplace PIKE Co MO
(City, town, or county) (State or foreign country)

10. Usual occupation SALES-MAN

11. Industry or business FURNITURE STORE

12. Name J. C. WIGGINTON

13. Birthplace PIKE Co MO
(City, town, or county) (State or foreign country)

14. Maiden name MARY E. REID

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

16. (a) Informant Elizabeth Wigginton

(b) Address Lawrence St

17. (a) BURIAL (b) Date thereof 12/13/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PIKERVUE

Major findings: none

Of operations _____

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) road

(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? _____

18. (a) Signature of funeral director Garner & Stone

(b) Address Lawrence St

19. (a) 12-12-42 (b) John Depty
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)

(c) Means of injury _____

23. Signature John Depty (M. D. or other)

Address Louisiana MO Date signed 12-12-42

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

19
2
1

RECEIVED

District Health Officer No. 10

District File Number 1-43-121

Date Filed Jan 13-1943

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 J. B. Stone

Licensed Embalmer No. 4039

P. O. Address Louisiana, 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.