

FILED FEB 16 1943 38
Registration District No. 238

Primary Registration District No. 6148

Registrar's No. _____

1. PLACE OF DEATH
 (a) County Stoddard
 (b) City or town Stoddard
 (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 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo County Stoddard
 (b) City or town Stoddard
 (If outside city or town limits, write "RURAL")
 (c) Street No. _____ (If rural, give location)
 (d) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME VERDA MAE WIGINGTON
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH, Month Jan, day 14, year 1943, hour _____ minute _____ M.

4. Sex Female 5. Color White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Nov. 13 1912
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from at birth 19 _____ to _____ 19 _____
 that I last saw him alive on Nov. 13, 19 _____ and that death occurred on the date and hour stated above.
 Immediate cause of death Probably a mothered accident. Duration _____

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ hr. _____ min.
 9. Birthplace Stoddard, Mo. (City, town, or county) Mo. (State of foreign country)

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) 182' 2"
16

MOTHER FATHER

11. Industry or business _____
 12. Name Sister Wigington
 13. Birthplace Ohio (City, town, or county) Ohio (State of foreign country)
 14. Maiden name White
 15. Birthplace Ohio (City, town, or county) Ohio (State of foreign country)

Major findings: Of operations _____
 Of autopsy none
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Sister Wigington
 (b) Address Stoddard, Mo.
 17. (a) Buried (Burial, cremation, or removal) (b) Date thereof Jan 16-43 (Month) (Day) (Year)
 (c) Place: burial or cremation Bluff Cemetery
 18. (a) Signature of funeral director Wiles and Co.
 (b) Address 1 Bloomfield, Mo.
 19. (a) Jan 18 1943 (Date received local registrar) (b) Edsel Elmore (Registrar's signature)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Accident 103
 (b) Date of occurrence Jan. 14, 1943
 (c) Where did injury occur? Stoddard, Mo. (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? at home in bed
 While at work? _____ (Specify type of place) Means of injury _____
 23. Signature John M. Wilson (M.D. or other) _____
 Address Stoddard, Mo. Date signed 1/14/43

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

00W

1130

RECEIVED

District Health Office No. 2,

District File Number 242-200

Date Filed 2-8-48

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 Infant was not Embalmed
.....
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.