

No. 2  
5-42  
5-17-53  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34034**  
Registrar's No. **133**

NOV 15 1943

Registration District No. **10**

Primary Registration District No. **300.2**

1. PLACE OF DEATH:

(a) County **Audrain**  
(b) City or town **Mexico**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mexico General 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..... (Specify whether)  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Audrain**  
(c) City or town **Mexico** (If outside city or town limits, write "RURAL")  
(d) Street No. **204@ S. Jefferson St.** (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **James Maurice Wiegger**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **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 **September 27, 1943**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**15 hrs**

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

10. Usual occupation **None**

11. Industry or business

MOTHER FATHER { 12. Name **Joseph Maurice Wiegger**  
13. Birthplace **Appleton City, Mo.** (City, town, or county) (State or foreign country)  
14. Maiden name **Betty Jean Jones**  
15. Birthplace **Fulton, Mo.** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Fred Danuser**  
(b) Address **1407 N. Washington St. Mexico, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 28, 43** (Month) (Day) (Year)  
(c) Place: burial or cremation **Elmwood, Mexico, Mo.**

18. (a) Signature of funeral director **T. T. Pugh**  
(b) Address **Mexico, Mo.**

19. (a) **9/28/43** (Date received local registrar) (b) **Margaret H. Mackie** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9-27** day **43** year..... hour **5** minute..... P. M.

21. I hereby certify that I attended the deceased from **2:30 AM** to **5:00 PM**, 19**43**, and that death occurred on the date and hour stated above.

that I last saw ~~him~~ alive on **9-27-43**, 19.....  
Immediate cause of death **Atletans of lower lobe of both lungs**  
Due to **premature Birth 6 1/2 minutes**  
Due to.....

Other conditions..... (Include pregnancy within 3 months of death) **159**

Major findings: Of operations.....  
Of autopsy.....

Duration  
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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature **Dr. Van T. Pugh** (M.D. or other) **DO**  
Address **Mexico, Mo.** Date signed **9-28-43**

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

1094

**RECEIVED**

District Health Officer No. **10**

District File Number 11-43-1805

Date Filed 11-2-1948

**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.....

Earl E. Precht

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address. Mexico, 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.**