

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 26 1943

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38929**  
Registrar's No. **(56) 125**

Registration District No. **290**

Primary Registration District No. **5983**

1. PLACE OF DEATH:

(a) County **Pulaski**  
(b) City or town **Port Leonard Wood, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Mullen Aug 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community **1 year, 3 months.** years, months or days

3. (a) PRINT FULL NAME **ARCHIE M. WIGGINS**

3. (b) If veteran, \_\_\_\_\_ name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **colored** 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 **June 19 1917**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**26 4 28** hr. min.

9. Birthplace **Flint Michigan**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Soldier US Army 36101919**

11. Industry or business **PFC Det DEML SCU #1751**

12. Name **Unknown.**

13. Birthplace **Unknown.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown.**

15. Birthplace **Unknown.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **U.S. Army Records.**

(b) Address **Fort Leonard Wood, Missouri**

17. (a) **Removal** (b) Date thereof **11/19/43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Detroit Mich**

18. (a) Signature of funeral director **W.E. Holman**

(b) Address **Libanon Mo**

19. (a) **18 November 43** (b) **ROBERT A. MURRAY LL. COL. M.C.**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Michigan** (b) County **Wayne**  
(c) City or town **Detroit**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **710 Medbury**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **17**  
year **1943** hour **07:20-08:20** minute **---** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death **Rupture of heart with massive mediastinal hemorrhage:**

Due to **gunshot wound, .30 caliber MI rifle.**

Due to **suicide**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **As above.**

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

(a) Accident, suicide, or homicide (specify) **suicide**  
(b) Date of occurrence **17 November 1943**  
(c) Where did injury occur? **Ft. Leonard Wood, Pulaski, Mo.**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Tool Shed near sewage disposal plant**

While at work? **Yes** (Specify type of place) (e) Means of injury **Gunshot**

23. Signature **Walter S. Forley, Captain C. O.** (M.D. or other) **YN**

Address **Ft. Leonard Wood, Mo.** Date signed **18 Nov 1943**

**Nov 25 1943** **Chas M. R. D. C. R.** (Licensed Embalmer's Statement on Reverse Side)

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

**977**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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~~ myself, Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed W.E. Holman

Licensed Embalmer No. 4107

P. O. Address Lebanon 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.**