

FILED NOV 14 1944

Registration District No. 3894

Primary Registration District No. 3006

Registrar's No. 265

1. PLACE OF DEATH:

(a) County Boone

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

(c) Name of hospital or institution Boone County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days
(Specify whether years, months or days) 0

In this community 9 Days
years, months or days) 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Rhode Island (b) County Providence 999

(c) City or town Edgewood 37
(If outside city or town limits, write "RURAL") 0

(d) Street No. 87 Columbia Ave.
(If rural, give location)

(e) Citizen of foreign country? No 2 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELMER WESLEY WIGGINS

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 18
year 1944 hour 5 minute _____ P.^m _____

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 - 16 - 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 9 1944 to Oct 18 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 65 Months 11 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death Misc cardiac failure (myocardial infarction) with terminal coronary thrombosis 4 or 5 yrs
Due to _____

9. Birthplace Warsaw 1 New York
(City, town, or county) (State or foreign country)

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

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Aviation

11. Industry or business _____

12. Name John Wesley Wiggins

13. Birthplace Warsaw 1 New York
(City, town, or county) (State or foreign country)

14. Maiden name Mary S. Skinner

15. Birthplace Warsaw 1 New York
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Lt. E.W. Wiggins Jr.

(b) Address Glenview, Illinois

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? _____

17. (a) Removal (b) Date thereof 10-20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Providence, R.I.

18. (a) Signature of funeral director Parson Funeral Service
Columbia, Mo.

(b) Address _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature E. D. Baskett (M. D. or other) M.D.
Address Columbia Date signed 11/9/44

19. (a) 10-20-44 (b) E. D. Barber
(Date received local registrar) (Registrar's signature)

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

Copies

104
11/9/44

W61 08 130

FEB 26 1945

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No. 4132

P. O. Address Columbia, 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.