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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# FILED SEP 22 1945 STANDARD CERTIFICATE OF DEATH

State File No. **31108**

Registration District No. **254**

Primary Registration District No. **4386**

Registrar's No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County **Oregon**

(b) City or town **Thayer**  
(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 \_\_\_\_\_  
(Specify whether years, months or days)

In this community **9 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Oregon 75**

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

### MEDICAL CERTIFICATION

**3. (a) PRINT FULL NAME** **Albert Newton Wiggs**

**3. (b) If veteran,** name war **--**

**3. (c) Social Security** No. **--**

**20. DATE OF DEATH:** Month **July** day **25**  
year **1945** hour **4** minute **30 P. M.**

**4. Sex** **Male** **5. Color or race** **White**

**6. (a) Single, widowed, married,** divorced **Widowed**

**6. (b) Name of husband or wife** **Mary Jenkins**

**6. (c) Age of husband or wife if** alive **23** years

**7. Birth date of deceased** **Dec. 23 1856**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **July 1**  
**1945** to **July 25 1945**  
that I last saw him alive on **July 24 1945**  
and that death occurred on the date and hour stated above.

**8. AGE:**

Years	Months	Days	If less than one day
<b>88</b>	<b>7</b>	<b>2</b>	hr. _____ min.

Immediate cause of death **Myocardial infarction**  
**Basic Cause** **Coronary artery**  
**Due to** \_\_\_\_\_

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

**9. Birthplace** **Scatterville Arkansas**  
(City, town, or county) (State or foreign country)

**10. Usual occupation** **Retired Farmer**

**11. Industry or business** \_\_\_\_\_

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

**12. Name** **Albert Wiggs, Sr.**

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

**14. Maiden name** **Elizabeth Braden**

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

**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? \_\_\_\_\_

**16. (a) Informant** \_\_\_\_\_  
**(b) Address** \_\_\_\_\_

**17. (a) Burial** **Walker Cem.** **(b) Date thereof** **7/28/45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** \_\_\_\_\_

**18. (a) Signature of funeral director** **Lawrence**  
**(b) Address** **Thayer, Mo.**

**19. (a) (Data received local registrar)** \_\_\_\_\_ **(b) (Registrar's signature)** \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
**(e) Means of injury** \_\_\_\_\_

**23. Signature** **W. W. Cooper** (M. D. or O. D.)  
**Address** **Thayer, Mo.** **Date signed** **9-11-45**

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

MOTHER, FATHER

RECEIVED

District Health Officer No. 5,

District File Number

945-375-

Date Filed

9-21-45

**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.....

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.**