

No. 2
2-43
17-39
X33697

FILED DEC 29 1945

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. _____

1. PLACE OF DEATH: JASPER

(a) County JASPER

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

(c) Name of hospital or institution: DERFELT 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JASPER

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

(d) Street No. R-1 Joplin Mo
(If rural, give location)

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

3. (a) PRINT FULL NAME LOIS JEANE WIGENT

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased 1945 - 1945
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. _____ min.

9. Birthplace JOPLIN MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name HENRY D. WIGENT

13. Birthplace DEBAR CO MO
(City, town, or county) (State or foreign country)

14. Maiden name LOIS HOWARD

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

16. (a) Informant Henry D Wigent

(b) Address Joplin

17. (a) BURIAL (b) Date thereof 12-8-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funview

18. (a) Signature of funeral director Harold Lund

(b) Address _____

19. (a) 12-8-45 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 6 year 1945 hour 1 minute PM

21. I hereby certify that I attended the deceased from Dec 4 1945 to Dec 6 1945 that I last saw him alive on Dec 6 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Paralysis 2 days

Due to _____

Due to _____

Other conditions 1
(Includes pregnancy within 3 months of death)

Major findings: 1142

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 M. M. Within (M. D. or other) _____
Address 2114 Joplin Date signed 12-7-45

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

45-17-970

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.....

WAB

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Cerry K Harlow*

Licensed Embalmer No. *959*

P. O. Address *Joplin 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.