

FILED JUN 20 1946

Registration District No. 273

Primary Registration District No. 3047

Registrar's No. 56

1. PLACE OF DEATH: **NEWTON**

(a) County *Newton*
 (b) City or town *near to one*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *Sales Memorial Hospital*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: *5 Days* (Specify whether
 In this community *5 Days* years, months or days)

3. (a) PRINT FULL NAME **E. EDWARD WYGANT**
 (b) If veteran, name war *none*
 (c) Social Security No. *none*

4. Sex *male* 5. Color or race *white* 6. (a) Single, widowed, married, divorced *married*
 (b) Name of husband or wife *Mary Ida Wiggant* 6. (c) Age of husband or wife if alive *73* years
 7. Birth date of deceased *Aug 25 1863*
 (Month) (Day) (Year)

8. AGE: Years *82* Months *8* Days *7* If less than one day *1 hr. 1 min.*

9. Birthplace *Columbus Ohio*
 (City, town, or county) (State or foreign country)

10. Usual occupation *Brick mason*

11. Industry or business *✓*

MOTHER FATHER
 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 *Ernest Wiggant*

(b) Address *Centerville Iowa*

17. (a) *Burial* (b) Date thereof *4-4-1946*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Anderson mo*

18. (a) Signature of funeral director *J. J. Tatum Funeral Home*

(b) Address *Anderson mo.*

19. (a) *June 14, 1946* (b) *Melvin C. Bowman*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Missouri* (b) County *McDonald*
 (c) City or town *Rural* (If outside city or town limits, write "RURAL")
 (d) Street No. *3omis NW of Anderson* (If rural, give location)
 (e) Citizen of foreign country? *no* (Yes or No)
 If yes, name country *✓*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *4* day *2*
 year *46* hour *10* minute *10 P.* M.

21. I hereby certify that I attended the deceased from *3-29* 19*46* to *4-2* 19*46*
 that I last saw him alive on *4-2* 19*46*
 and that death occurred on the date and hour stated above.

Immediate cause of death *Apoplexy* Duration

Due to *Supertensive Heart Disease*
 Due to *arteriosclerosis*

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations *830*
 Of autopsy

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 *H. L. Whitehead* (M. D. or other)
 Address *1002 N. W. 209* Date signed *6-14-46*

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

19004

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

RECEIVED

District Health Officer No. Newton
District File Number 646-58
Date Filed April 17 1958

Signed R.E. Cheatham
Licensed Embalmer No. 3813
P. O. Address Anderson, 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.