

FILED JUN 5 1947

Registration District No. 275

Primary Registration District No. 3053

Registrar's No. 35

1. PLACE OF DEATH:

(a) County Phelps
(b) City or town Rolla
(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)
In this community 1 1/2 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Phelps
(c) City or town Rolla
(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 _____

3. (a) PRINT FULL NAME

William Elbert Wiggins Jr.

3. (b) If veteran, -- name war _____
3. (c) Social Security No. --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4th
year 1947 hour 8 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from birth, 19____, to 5-4, 1947
that I last saw him alive on 5-2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death congenital defective (mongoloid)
Duration _____

4. Sex Male 5. Color or race White
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 March 15th, 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 1 19 _____ hr. _____ min.

9. Birthplace Waynesville Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name William Elbert Wiggins

13. Birthplace Rolla Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ann Eva Thompson

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

16. (a) Informant William E. Wiggins

(b) Address Rolla, Missouri

17. (a) Burial (b) Date thereof May 6, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla, Missouri

18. (a) Signature of funeral director Smith-Holloway

(b) Address Rolla, Missouri

19. (a) 5-27-47 (b) Nadine L. Stoll
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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 E. E. Fairman (M. D. or other) _____
Address Rolla Mo, 5-14-47 Date signed _____

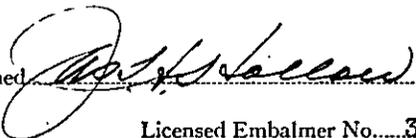
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....3643.....

P. O. Address.....Rolla, Missouri.....

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.