No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 26 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

331

State File No.

Registration District No. 42 | Primary Registration District No. 1000 | Registrar's No. 76

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Methodist Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 4 weeks (Specify whether years, months or days)
In this community: 4 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Andrew
(c) City or town: Rural (Stanaberry) (If outside city or town limits, write "RURAL")
(d) Street No.: R.F.D. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Truman Floyd Wiggins
3. (b) If veteran, name war: no
3. (c) Social Security No.: 500-16-3835
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dessie D.
6. (c) Age of husband or wife if alive: 60 years
7. Birth date of deceased: Sept. (Month) 17 (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	27	hr. min.

9. Birthplace: Barton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Contractor
11. Industry or business:
FATHER
12. Name: William H. Wiggins
13. Birthplace: Unk (City, town, or county) Unk (State or foreign country)
MOTHER
14. Maiden name: Manda Murphy
15. Birthplace: Unk (City, town, or county) Unk (State or foreign country)
16. (a) Informant: Mrs. Dessie Wiggins
(b) Address: King City, Missouri
17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Dewitt Missouri
18. (a) Signature of funeral director: Stamey Funeral Home
(b) Address: St. Joseph, Missouri
19. (a) 1-24-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1948 hour 3 minute 35 a.m.
21. I hereby certify that I attended the deceased from 12/20/47, 19..., to 1/14/48, 19...; that I last saw him alive on 1/13/48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of liver	1yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: U

23. Signature: H. S. Earle (M. D. or other) M.D
Address: 706 Francis St. Joseph, Mo. Date signed 1-14-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr Carle

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 Charles M. Harman Registered Apprentice No. 480, working under my personal supervision.

Signed John Roy Stamer

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.