

7. S. No. 300
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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED MAR 23 1948
Registration District No. 187

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9344
Registrar's No. 38

Primary Registration District No. 3080

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

9
1
2

1. PLACE OF DEATH:
(a) County Livingston
(b) City or town Chellicothe
(c) Name of hospital or institution: 906 Elm 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether years, months or days)

3: (a) PRINT FULL NAME Sue McDowell Wigley
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced, widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 1 1868 (Month) (Day) (Year)

8. AGE: Years 79 Months 8 Days 6 If less than one day hr. min.

9. Birthplace Chellicothe Mo. 0 (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Samuel Wash McDowell
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Jennie Star
15. Birthplace Unknown 7 (City, town, or county) (State or foreign country)

16. (a) Informant Betty Braby Hunt
(b) Address Chellicothe Mo

17. (a) Burial (b) Date thereof 3-8-48 (Month) (Day) (Year)
(c) Place: burial or cremation Edgewood

18. (a) Signature of funeral director E. B. B. 3227
(b) Address Chellicothe Mo

19. (a) Date received legal registrar March 18/48 (b) Registrar's signature Francis B. Neill 191

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Livingston
(c) City or town 906 Elm 59 (If inside city or town limits, write "RURAL")
(d) Street No. Chellicothe Mo. 1 (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 7 year 1948 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from 11 Feb 1948 to 8 March 1948 that I last saw her alive on 5 March 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy H/O

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)
(c) Means of injury _____

23. Signature J. D. Vanduser (M. D. or other)
Address Chellicothe Mo Date signed 8 March 1948

NOV 28 1948

DISTRICT HEALTH DEPARTMENT
Cameron, Mo

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 *Chulphatto*

Licensed Embalmer No. 3227

P. O. Address *Chulphatto*

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.