. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35303

FILED OCT 22 1948

Registration District No. 3033

Primary Registration District No. 3074

Registrar's No. 32

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

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Sikeston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sikeston General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 3 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County N. Madrid
(c) City or town 2 Miles "Rural" Miles S. of Morehouse
(If outside city or town limits, write "RURAL")
(d) Street No. 2 Miles W. & 4 Miles S. of Morehouse, Mo.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Renny J. Wigington
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Madie V. Wigington
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased June (Month) 6 (Day) 1908 (Year)

8. AGE: Years 40 | Months 4 | Days 4 | If less than one day ... hr. ... min.

9. Birthplace South Carolina (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Jim Wigington
13. Birthplace South Carolina (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Madie V. Wigington
(b) Address Rt. # 1 Essex, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/11/48 (Month) (Day) (Year)
(c) Place: burial or cremation Idelia Cemetary
18. (a) Signature of funeral director Taylor Funeral Home
(b) Address Sikeston, Missouri
19. (a) 10-18-48 (Date received local registrar) (b) Mrs T.F. Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 11 year 1948 hour 2 minute 30 A. M.

21. I hereby certify that I attended the deceased from 10-8, 1948, to 10-11, 1948 that I last saw him alive on 10-11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ruptured Gallbladder	3 days
Due to Auto Collision	
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) Accident-Collision
(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

23. Signature Jim Jones M.D. (M. D. or other)
Address Morehouse, Mo. Date signed 10-15-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 10-48-1326
Date Filed 10-21-48

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 J. E. McMikle, Registered Apprentice No. 257, working under my personal supervision.

Signed James M. Scott

Licensed Embalmer No. 4350

P. O. Address East Prairie, 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.