WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

REC'D MAR 20 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. 6720

1. PLACE OF DEATH
   (a) County Jackson 1 Registration District No. 398
   (b) Township 1 Primary Registration District No. 3019 Registered No. 50
   (c) City Independence (d) Street No. Independence Sanitarium & Hospital St.
   (If death occurred in Hospital or Institution, write its name instead of street and number)
   (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Clement DeWiggins. 252
   (a) Residence, No. 518 W. Walnut St. St. (If nonresident, give city or town and State)
   (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 9, 1906

7. AGE: YEARS 32 | MONTHS 10 | DAYS 0 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Independence Stove & Furnace Co
10. Date deceased last worked at this occupation (month and year) Febr. 8, 1939
11. Total time (years) spent in this occupation 3

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Newkirk Okla. 1

FATHER
13. NAME Clem. DeWiggins
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Indiana 1

MOTHER
15. MAIDEN NAME Joe Ruhle 1
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Coffeyville Kansas

17. INFORMANT Mrs. Joe DeWiggins
(ADDRESS) 518 W. Walnut. Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coffeyville, Kans. DATE 2-10-39, 19

19. FUNERAL DIRECTOR H. W. Stahl.
(ADDRESS) 815 W. Maple Ave. Independence, Mo.

20. FILED 2-16, 1939 F. L. Cask Local Registrar. 360

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Febr. 9, 1939, 19

22. I HEREBY CERTIFY, That I attended deceased from Dey Lorom, 19
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 5:50A m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Ruptured Aneurism
Frontal Lobe Brain
96

Other contributory causes of importance:
Hemorrhage into ventricle

Name of operation None Date of
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. Hornby, M. D.
(Address) Dey Lorom

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)