

JAN 20 1941

Registration District No. 512

Primary Registration District No. 5679

Registrar's No. 13

1. PLACE OF DEATH:

(a) County Livingston
 (b) City or town Rural, Moonsville Township
 (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 _____
 years, months or days 3

3. (a) PRINT FULL NAME William Eugene Wiggins

3. (b) If veteran, name war _____ 3. (c) Social Security No. 499-18-4225

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 _____ years
 7. Birth date of deceased June 6 1920
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 5 29 _____ hr. _____ min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name B. C. Wiggins

13. Birthplace Osburn Mo.
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Virginia Daffineyer

15. Birthplace Cameron Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant B. C. Wiggins

(b) Address Osburn Mo.

17. (a) Osburn (b) Date thereof Dec 5-1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation burial, sep.

18. (a) Signature of funeral director T. Gibson

(b) Address Stewartville Mo.

19. (a) Dec 7, 1940 (b) Hazel Stampler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wetzel
 (c) City or town Osburn
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5
 year 1940 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from never
attended him. _____, 19____;
 that I last saw him alive on (never) to know, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Crushed body
onto Calloway Highway
 Due to #36
 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) Accident

(b) Date of occurrence Dec 5, 1940

(c) Where did injury occur? Highway # 36, Moonsville
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
457 Public Highway
 While at work? no (Specify type of place) (e) Means of injury Auto Calloway

23. Signature [Signature] (M. D. or other) _____
 Address _____ Date signed 12/7/40

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

MOTHER FATHER

0
0
0
0

219-11
95

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..... *F. G. Lyon*

Licensed Embalmer No. *952*.....

P. O. Address..... *Stewartsville Md*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43114

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 512

Primary Registration District No. 2679

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Livingston
(b) City or town Mocheville, T.P.
(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.....
years, months or days)

3. (a) PRINT FULL NAME Wm Eugene Wiggins

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

4. Sex m 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... years

7. Birth date of deceased..... (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
20 5 29 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name.....

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

14. Maiden name.....

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

16. (a) Informant.....

(b) Address.....

17. (a)..... (b) Date thereof..... (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....

(b) Address.....

19. (a)..... (b)..... (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town..... (If outside city or town limits write "RURAL")
(d) Street No..... (If rural, give location)
(e) If foreign born, how long in U. S. A.?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Dec day 5 year 1940 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19..... to..... 19..... that I last saw h..... alive on..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death Crushed body
Auto collision
Ran into truck Duration

Due to.....

Due to.....

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

Major findings:
Of operations.....

Of autopsy.....

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) accident

(b) Date of occurrence Dec 5 - 1940

(c) Where did injury occur State Hwy 36 Livingston Co (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Hwy

While at work? (Specify type of place) (e) Means of injury

23. Signature Emanc (M. D. or other)

Address Chillicothe, Mo. Date signed 2/20/41

SUPPLEMENTARY

S-43114