

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

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21492

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 25 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 44135

Registration District No. 10 89

Primary Registration District No. 6148

Registrar's No.

1. PLACE OF DEATH:

(a) County Texas  
(b) City or town Rural Upton  
(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 40 years, months or days 2

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Texas  
(c) City or town Rural  
(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.

3. (a) PRINT FULL NAME MARY C. WIGBAINS

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife John Williams 6. (c) Age of husband or wife if alive 28 years  
Birth date of deceased Feb. 28 1867  
(Month) (Day) (Year)

8. AGE: Years 73 Months 9 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Godfrey Isaacs  
13. Birthplace Unknown Tenn  
14. Maiden name Elizabeth Rader  
15. Birthplace unknown USA.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James S. Platter

(b) Address Bureau mo

17. (a) Burial (b) Date thereof 12/9/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cypress

18. (a) Signature of funeral director Rayford O. Elliott

(b) Address Houston mo

19. (a) Dec 10 1940 (b) Mrs. E. G. Hart  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7  
year 1940 hour 10 minute 108 M.

21. I hereby certify that I attended the deceased from Nov 30, 1940 to Dec 7, 1940  
that I last saw her alive on Dec. 4, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia

Due to Carcinoma of Colon

Due to \_\_\_\_\_

Other conditions Bronchitis Chronic  
(Include pregnancy within 5 months of death) Senility

Major findings: Of operations \_\_\_\_\_  
Of autopsy 40

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? 9-21 (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature L. M. Dellman (M. D. or other) M.D.

Address Houston Date signed 12-9-40

RECEIVED

District Health Officer No. 5,

District File Number: 1412

Date Filled: \_\_\_\_\_

*Ray C. [unclear]  
[unclear]*

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**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

**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, above space should be left blank.**