

FILED OCT 27 1941

State File No. _____

Registration District No. 315

Primary Registration District No. 5687

Registrar's No. 13

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

1. PLACE OF DEATH: Mc Donald
 (a) County Southwest City
 (b) City or town Southwest City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 23 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: ⁰⁶⁰
 (a) State Missouri (b) County Mc Donald
 (c) City or town: Rural Southwest City
 (If outside city or town limits, write "RURAL")
 (d) Street No. none R.R. 1
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME LILLIE BELL WIGGER
 3. (b) If veteran, name war none
 3. (c) Social Security No. _____

20. DATE OF DEATH: Month Oct day 22
 year 1941 hour 12 minute 45 P.M.

MEDICAL CERTIFICATION

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Elmer S. Wigger 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb 1878
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 10-15, 1941, to 10-22, 1941; that I last saw her alive on 10-21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Failure
 Due to Ch. Pulmonary tuberculosis
 Due to Cardiac Asthma

8. AGE: Years 63 Months 8 Days 18
 If less than one day hr. _____ min. _____

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

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business none
 MOTHER FATHER { 12. Name Les Duncan
 13. Birthplace Not known 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Maggie Venell
 15. Birthplace Not known 11
 (City, town, or county) (State or foreign country)

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

16. (a) Informant Ed S. Wigger
 (b) Address Southwest City, Mo. R.R. 1
 17. (a) Burial (b) Date thereof Oct 23-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Southwest City, Mo.
 18. (a) Signature of funeral director Wm. Orville Tom
 (b) Address Wheeler, Mo.
 19. (a) 10/23-41 (b) Carl Horton
 (Date received local registrar) (Registrar's signature)

23. Signature R. E. Harnack (M. D. or other) M.D.
 Address Southwest City, Mo. Date signed 10-23-41

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.....

Wm Morris Poque

Licensed Embalmer No.....

3442

P. O. Address.....

Whester, 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.