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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN -6 1943

Registration District No. 187

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41226

Primary Registration District No. 3040

Registrar's No. 208

59
1
2

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Entire Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Livingston 59 1

(c) City or town Chillicothe 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1009 Elm St
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Seymour Wigely

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex M

5. Color or race White

6. (a) Single, widowed, married, divorced 2 Widowed

6. (b) Name of husband or wife Ella Wigely

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

7. Birth date of deceased Nov (Month) 24 (Day) 1862 (Year)

8. AGE: Years 80 Months 1 Days 5 If less than one day ..... hr. ..... min.

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

10. Usual occupation Druggist

11. Industry or business Druggist

FATHER
12. Name Chas Wigely
13. Birthplace Ind. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Mary Crane
15. Birthplace Mo. Hampshire (City, town, or county) 1 (State or foreign country)

16. (a) Informant Basil Wigely
(b) Address Chillicothe

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director E Beckett 2227
(b) Address Chillicothe Mo.

19. (a) Dec 30-1942 Loy Ella Curry
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 28 year 1942 hour 6 minute 30 a. M.

21. I hereby certify that I attended the deceased from July 1, 1942, to Dec 28, 1942 that I last saw him alive on Dec 15, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis — Duration 4 yrs

Due to .....

Due to .....

Other conditions 131a
(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) .....

(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 [signature] (M. D. or other)

Address Chillicothe Mo Date signed 12/29/42

(Licensed Embalmer's Statement on Reverse Side)

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 Was Embalmed, Registered Apprentice No. , working under my personal supervision.

Signed E Beckett

Licensed Embalmer No. 3227

P. O. Address Chillicothe 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.