S. No. 2
—12-45
. 5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

Registration District No. 7

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 471

State File No. 4438

Registrar's No. 56

1. PLACE OF DEATH:
(a) County DeKalb
(b) City or town Clarksdale mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 70 Years.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County DeKalb
(c) City or town Clarksdale
(If outside city or town limits, write "RURAL")
(d) Street No. 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANKLIN HENRY WIGGER.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1869 (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 7
year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from July, 1946, to Jan 7, 1947, that I last saw him alive on Dec 23, 1946, and that death occurred on the date and hour stated above.

8. AGE: Years	Months	Days	If less than one day
78	6	12	hr. min.

Duration

Immediate cause of death Carcinoma of Liver
Metastatic from
Due to Carcinoma of Prostate

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 51B

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

9. Birthplace Ill. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business

MOTHER FATHER
12. Name William Wigger
13. Birthplace Ill. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hodges
15. Birthplace Ill. (City, town, or county) (State or foreign country)

16. (a) Informant John J Gorton
(b) Address Clarksdale mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksdale mo.
18. (a) Signature of funeral director John Brown
(b) Address Maysville mo
19. (a) 1-20-47 (Date received local registrar) (b) Roscoe Davidson (Registrar's signature)

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? (Specify type of place) (e) Means of injury

23. Signature Harold Tousley (M. D. or other) M.D.
Address Maysville mo Date signed 1-8-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed John D Brown

Licensed Embalmer No. 3933

P. O. Address Maysville Miss

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.