

S. No. 2  
1-12-45  
7-5-17-39  
X 47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 12 1947  
85

# THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **23466**  
Registrar's No. **917**

Registration District No. **42** Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**

(a) County Dickson

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

(c) Name of hospital or institution:  
State Hospital no 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 yrs 11 mo 7 days  
(Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State mo (b) County Dickson

(c) City or town St. Joseph  
(If outside city or town limits, write "RURAL")

(d) Street No. 1026 Redenbaugh  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Mary Wigginton

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

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

4. Sex Female 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 alive \_\_\_\_\_ years

7. Birth date of deceased MAY 7 1858  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>89</u>	<u>2</u>	<u>25</u>	hr. min.

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

10. Usual occupation Housewife

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

**MOTHER FATHER**

12. Name Joshua Wigginton 9

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

14. Maiden name James Stevins

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

16. (a) Informant Mrs George Wigginton

(b) Address 506 Virginia Ave, St. Joseph, Mo

17. (a) **BURIAL** (b) Date thereof 8/3/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HALLECK, MO

18. (a) Signature of funeral director John B. Scripps

(b) Address 6054 Jasper Ave

19. (a) 8-5-47 (b) Edle Jenkins  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Aug day 2 year 1947 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 1, 1947, to Aug 2, 1947; that I last saw her alive on Aug 1, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia

Due to Interio P. Cross

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) \_\_\_\_\_

(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 Forest Thomas (M. D. or other) \_\_\_\_\_  
Address St. Joseph, Mo Date signed 8/2

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

*Roland W. Clark*

Registered Apprentice No. *503*

working under my personal supervision.

Signed

*John E. Rupp*

Licensed Embalmer No. *3986*

P. O. Address *St. Joseph, 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.