V. S. No. 2
0M—8-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 19 1945

Registration District No. 3059

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14505

State File No.

Primary Registration District No. 3059

Registrar's No. 351

1. PLACE OF DEATH:

(a) County St. Francois

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

(c) Name of hospital or institution: 301 Fackelles St
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Bonne Terre
(If outside city or town limits, write "RURAL")

(d) Street No. 301 Maddle
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME JOHN HENRY WIGGER

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife JULIAN WIGGER

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

7. Birth date of deceased April (Month) 21 (Day) 1864 (Year)

8. AGE: Years 80 | Months 10 | Days 28 | If less than one day hr. min.

9. Birthplace Carlinville Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business

MOTHER FATHER

12. Name Moses Wiggger

13. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Gaskaby Rose

15. Birthplace Washington Co. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford Wigger

(b) Address Bonne Terre Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 23-45 (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director Benham Elmd Co

(b) Address 913 Benham Bonne Terre Mo

19. (a) 3-25-45 (Date received local registrar) (b) Thomas D Robens (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 19th year 1945 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from — to —, 19..; that I last saw h... alive on —, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Jury Verdict Gun shot self inflicted by his own hand.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 164c

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) Suicide

(b) Date of occurrence March 19, 1945

(c) Where did injury occur? Bonne Terre St Francois Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In Home
(Specify type of place)

While at work? (e) Means of injury 3

23. Signature Burl J. Miller (M. D. or other) Coroner

Address Farmington Mo Date signed 3/30/45

1325

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 445-503

Date Filed 4-17-45

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 C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre 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.