

JUL 22 1940
865

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 865

Primary Registration District No. 6143

Registrar's No. _____

07

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

1. PLACE OF DEATH: Texas

(a) County _____

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

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether _____)

In this community 45 yrs. (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Texas

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

(d) Street No. Cass Sup. on # 63 (If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Olive Sigman

8. (b) If veteran, name war _____ (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Dave 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 22 1894 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

45 | 10 | 21 | _____ hr. _____ min.

9. Birthplace Mo. B (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Millard Pipkin

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

14. Maiden name Nancy Synd

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

16. (a) Informant Mrs. Nola Starnes

(b) Address Simpsons

17. (a) Burial (b) Date thereof June 15 1940 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Solo

18. (a) Signature of funeral director Gaylord V. Elliott

(b) Address Osborn Mo.

19. (a) June 20 40 (b) Mrs. Lou McWilliam (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 13, 1940

year 1940 hour 8 minute 45 a. m.

21. I hereby certify that I attended the deceased from April 4, 1940, to June 13, 1940

that I last saw her alive on June 10, 1940

and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Rectum

Duration 2 yrs.

Due to _____

Due to 4 1/2

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 Henry R. Ross (M. D. or other) D.O.

Address Hanston, Mo. Date signed 6-13-40

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.

RECEIVED

District Health Officer No. 5,

District File Number 740 760

Date Filed 7/14/40

Signed Gaylord V. Vellist

Licensed Embalmer No. 2252

P. O. Address Cabot

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, above space should be left blank.