

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41679

Registration District No. 1

Primary Registration District No. 1

Registrar's No. 296

I. PLACE OF DEATH:

(a) County Adair
(b) City or town Kirksville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Stickler Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. R. F. D. # 7
0 (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19
year 1940 hour 6:00 minute 07 M.
21. I hereby certify that I attended the deceased from Dec 15, 1940 to Dec 19, 1940
that I last saw him alive on Dec 19, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration: _____

Due to thrombosis
apoplexy

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? _____

3 While at work? _____ (Specify type of place)
_____ (a) Means of injury _____

23. Signature Dr. Stickler (M. D. or other) MD
Address Kirksville mo Date signed _____

3. (a) PRINT FULL NAME Frank B. Siegmund

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, Married

6. (b) Name of husband or wife Millicent Ross 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased November 30 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 19 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name John Siegmund

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

14. Maiden name Amanda Arbuckle

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

16. (a) Informant Corde Siegmund
(b) Address Kirksville, Missouri

17. (a) Burial (b) Date thereof 12-21-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Llewelyn Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Missouri

19. (a) Dec. 27/40 (b) Spencer L. Means
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 10

District File Number 1-41-151

Date Filed JAN 16 1949

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 Harold N. Hegal

Licensed Embalmer No. 4076

P. O. Address Kirkville, TN

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.