S. No. 2
—1-4-41
5-17-39
PI X25390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42628

Registration District No. 625 Primary Registration District No. 3031 Registrar's No. 160

1. PLACE OF DEATH:
(a) County Nodaway
(b) City or town Maryville City
(If outside city or town limits, write "RURAL", and name of township)
(c) Name of hospital or institution None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 3 yrs 5 mo 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Nodaway
(c) City or town Maryville
(If outside city or town limits, write "RURAL")
(d) Street No. 301 East 6th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MARION SIEGER
3. (b) If veteran, name war Spanish-American
3. (c) Social Security No. 505-01-2131
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of ~~husband or~~ wife Emma
6. (c) Age of ~~husband or~~ wife if alive 66 years
7. Birth date of deceased June (Month) 17 (Day) 1873 (Year)

8. AGE: Years 68 Months 5 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace Allentown (City, town, or county) Pa. (State or foreign country)
10. Usual occupation Swift & Co. Checker
11. Industry or business Swift & Co.
FATHER
12. Name James Sieger
13. Birthplace Sigerville (City, town, or county) Pa. (State or foreign country)
MOTHER
14. Maiden name Margaret Beggs
15. Birthplace (City, town, or county) Ind. (State or foreign country)
16. (a) Informant Mrs. William M. Sieger
(b) Address 301 E 6th Maryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill
18. (a) Signature of funeral director Campbell Funeral Home
(b) Address 951 South Main Maryville Mo.
19. (a) 12-15-41 (Date received local registrar) (b) ____ (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1941 hour 9 minute 40 A.M.
21. I hereby certify that I attended the deceased from June 3 1941 to Dec 1 1941
that I last saw him alive on Dec 1 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Sclerosis	not known
Due to General Arteriosclerosis	not known
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations N.A.	
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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature F. A. Blanner (M. D. or other)
Address Maryville Mo. Date signed 12/11/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 6 1942

JAN 2 8 1942

FEB 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.....

.....; Registered Apprentice No.....

working under my personal supervision.

Signed W. Dean Campbell

Licensed Embalmer No. 2 6 20

P. O. Address Mansfield, M

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.