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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

18113

State File No.

Registration District No. 340-391 Primary Registration District No. 5546 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Iron

(b) City or town Ironton (Tr Cedar Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(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: 40

(a) State Missouri (b) County Reynolds 0

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. 12 miles west of Ironton
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME Mary Evelina Siegenthaler

3. (b) If veteran, name war #

3. (c) Social Security No. none

4. Sex fem 1

5. Color or race white

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife John Siegenthaler

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January (Month) 2 (Day) 1892 (Year)

8. AGE: Years 50 Months 4 Days 2 If less than one day hr. min.

9. Birthplace Munger (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Tallet Strickland
13. Birthplace Iron County (City, town, or county) Mo. (State or foreign country) 0

MOTHER
14. Maiden name Alice Light
15. Birthplace Munger (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Leo Siegenthaler
(b) Address Middlebrook Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 5-23-42 (Month) (Day) (Year)
(c) Place: burial or cremation Middlebrook Mo.

18. (a) Signature of funeral director Norman White & Sons
(b) Address C. J. White Ironton Mo.

19. (a) 5-22-42 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 22nd year 42 hour 1:00 minute 45 a. M.

21. I hereby certify that I attended the deceased from 4/30, 1942, to 5/22, 1942; that I last saw her alive on 5/21, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Hemorrhage (Lungs) — Duration 5/22/42

Due to Carcinomata of Left Lung (Primary) 7

Due to

Other conditions (Include pregnancy within 3 months of death) (1) Effusion of Left Lung 3 mo. (2) malnutrition.

Major findings:
Of operations —
Of autopsy —

478

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) 0

While at work? (e) Means of injury

23. Signature R. E. Harland (M. D. or other) M. D.

Address Ironton, Mo. Date signed 5/27/42

1388

(Licensed Embalmer's Statement on Reverse Side)

JUN 1 9 1942

RECEIVED
District Health Officer No. 4
District File Number 642 ~~[illegible]~~ 80
Date Filed 6-17-42

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

Was not embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Arnold J. White

Licensed Embalmer No. 3012

P. O. Address Trenton Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

2
41
39
19484

Item #14 amended by affidavit of informant 10-27-86.

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

Registration District No. 540

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18113

Primary Registration District No. 5546

Registrar's No. 35

1. PLACE OF DEATH:

(a) County: Iron

(b) City or town: Ironton (Arcadia Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 40

(a) State: Missouri (b) County: Reynolds 0

(c) City or town: Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No.: 12 miles west of Ironton
(If rural, give location) /

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

If yes, name country .....

3. (a) PRINT FULL NAME: Mary Evelina Siegenthaler

3. (b) If veteran, name war: #

3. (c) Social Security No.: none

4. Sex: fem /

5. Color or race: white

6. (a) Single, widowed, married, divorced: married /

6. (b) Name of husband or wife: John Siegenthaler

6. (c) Age of husband or wife if alive: 60 years

7. Birth date of deceased: January (Month) 2 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
50	4	2	..... hr. ..... min.

9. Birthplace: Munger (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation: at home

11. Industry or business .....

FATHER

12. Name: Tallet Strickland

13. Birthplace: Iron County (City, town, or county) Mo. 0 (State or foreign country)

MOTHER

14. Maiden name: Abigail ~~Alice~~ Light

15. Birthplace: Munger (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant: Leo Siegenthaler

(b) Address: Middlebrook Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 5-23-42 (Month) (Day) (Year)

(c) Place: burial or cremation: Middlebrook Mo.

18. (a) Signature of funeral director: Norman White & Sons

(b) Address: C. E. White Ironton Mo.

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	Duration
Immediate cause of death: Hemorrhage (Lungs)	5/22/42
Due to: carcinoma of left lung (Primary)	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): ① Effusion of left lung 2 mo. ② malnutrition	

Major findings:
Of operations: —
Of autopsy: —

PHYSICIAN

Underline the cause to which death should be charged statistically.

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(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) 0

(e) Means of injury: While at work? .....

23. Signature: R. E. Harland (M. D. or other) M.D.

Address: Ironton, Mo. Date signed 5/27/42

(Licensed Embalmer's Statement on Reverse Side)