

FILED MAR 10 1943

Registration District No. \_\_\_\_\_

Primary Registration District No. 5019

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Andrew,  
(b) City or town Rochester, Twp Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 78 years, (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Andrew, 2  
(c) City or town Rochester, 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Frances L. Sigrist,

3. (b) If veteran, name war None, 3. (c) Social Security No. None,

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John L. Sigrist, 6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased March 28th, 1958  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 10 8 hr. min.

9. Birthplace Richmond, Virginia, 1  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home,

11. Industry or business \_\_\_\_\_

12. Name William F. Reddick,

13. Birthplace Unknown, Indiana, 1  
(City, town, or county) (State or foreign country)

14. Maiden name Martha Renton,

15. Birthplace Unknown, Ohio, 1  
(City, town, or county) (State or foreign country)

16. (a) Informant John L. Sigrist

(b) Address Rochester, Missouri,

17. (a) Burial (b) Date thereof 2/8/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester Cemetery

18. (a) Signature of funeral director Frank A. Bowman

(b) Address Savannah, Mo.

19. (a) 2-8-43 (b) F. H. Fitchman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6th,  
year 1943 hour 7:00 minute 30 a.m.

21. I hereby certify that I attended the deceased from December 3, 1942 to Feb 5th, 1943  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach 1 yr Duration \_\_\_\_\_

Due to \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature E. M. Reynolds, (M. D. or other) 0

Address Union Ave. Mo. Date signed 2/7/43

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

MOTHER, FATHER

**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

2/6/43

Registered Apprentice No.

working under my personal supervision.

Signed

*Harold Bowman*

Licensed Embalmer No. 3619

P. O. Address St. Joseph, 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.**