

No. 2
1-5-43
5-17-39
1 X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1970

State File No.

Registrar's No. 4

Registration District No. 15

Primary Registration District No. 3004

1. PLACE OF DEATH:
(a) County Barton
(b) City or town Lamar
(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 43 years
In this community 43 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Barton
(c) City or town Lamar
(d) Street No.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME LETITIA GILES STIGLER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife James L. Stigler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 22, 1846
(Month) (Day) (Year)

8. AGE: Years 97 Months 11 Days 20
If less than one day hr. min.

9. Birthplace McCoupin County, Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

MOTHER FATHER

11. Industry or business
12. Name Edward Taylor
13. Birthplace South Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Melvina Farmer
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. J. R. McKibben
(b) Address Kansas City, Missouri
17. (a) Burial (b) Date thereof 1-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakton Cemetery
18. (a) Signature of funeral director KONANTZ FUNERAL HOME
(b) Address Lamar, Missouri
19. (a) 1-16-44 (b) Martha Rice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 13
year 1944 hour 11 minute 00 A.M.
21. I hereby certify that I attended the deceased from Jan - 6
1944 to Jan - 13 1944
that I last saw her alive on Jan 12
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia
Due to Influenza
Due to
Other conditions 330
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration
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?
23. Signature C. E. Duval (M. D. or other) M.D.
Address Lamar, Mo. Date signed 1-13-44

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

1117

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6

District File Number 244-151

Date Filed FEB 11 1944

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..... *Carl J. Kovantz*.....

Licensed Embalmer No. 2247.....

P. O. Address Lamar, Missouri.....

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.