

FILED MAR 13 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7465

State File No. _____

Registration District No. 157Primary Registration District No. 5589Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural - Union Township
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Carthage Route 3 /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 50 years (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME James Albert Sigler3. (b) If veteran, name war none 3. (c) Social Security No. none4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 8 1858
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
85 9 19
hr. min.9. Birthplace Osceola Ohio
(City, town, or county) (State or foreign country)10. Usual occupation retired salesman11. Industry or business Internat'l Harvester Co.12. Name unknown13. Birthplace unknown
(City, town, or county) (State or foreign country)14. Maiden name unknown15. Birthplace unknown
(City, town, or county) (State or foreign country)16. (a) Informant Mrs. Frank Ford(b) Address Route 3, Carthage, Mo.17. (a) Burial (b) Date thereof Feb 29, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Park Cemetery18. (a) Signature of funeral director Knell Mortuary(b) Address Carthage, Missouri19. (a) File 2844 (b) E. Elizabeth Copelan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Carthage (If outside city or town limits, write "RURAL")
Rural
 (d) Street No. Route 3 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 27
year 1944 hour 3 am minute _____ M.21. I hereby certify that I attended the deceased from
Jan 25 1944, to Feb 26 1944;
that I last saw him alive on Feb 16 1944;
and that death occurred on the date and hour stated above.Immediate cause of death Chronic valvular heart disease

Due to _____

Due to _____

Other conditions stomach complications
(Include pregnancy within 3 months of death)Major findings:
Of operations 92d

Of autopsy _____

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 George N. Bragdon (M. D. or other) MD
Address Reeds, Mo Date signed 2/28/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

44-2-212

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 *Ernest R. Kneel*

Licensed Embalmer No. *391*

P. O. Address *Carters*

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.