

FILED APR 26 1944

Registration District No. 26

Primary Registration District No. 2001

Registrar's No. 181

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1611 Moffet Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 77 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 1611 Moffet Avenue
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Clara Elam Sigars

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, widowed

6. (b) Name of husband or wife J. Calvin Sigars 6. (c) Age of husband or wife if alive years

7. Birth date of deceased August 5, 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 1 If less than one day hr. min.

9. Birthplace Dakota county Nebraska (City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name Alfred M. Elam

13. Birthplace Randolph County Virginia (City, town, or county) (State or foreign country)

14. Maiden name Catherine Black

15. Birthplace Clark County Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Miss Maude Sigars

(b) Address 1611 Moffet, Joplin, Mo.

17. (a) burial (b) Date thereof 4/10/44 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cemetery

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Mo.

19. (a) 4-7-44 (b) Gustav [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6 year 1944 hour 11 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 1, 1944 to April 6, 1944; that I last saw her alive on April 6, 1944; and that death occurred on the date and hour stated above. Immediate cause of death Valvular heart.

Due to
Due to
Other conditions (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?

While at work? 1 (Specify type of place) (b) Cause of injury
23. Signature [Signature] (M.D. or other)
Address 708 [Signature] Date signed 4-22-44

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

9
2
5

MOTHER FATHER

1204

44-4830

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 F. M. Jones.....

Licensed Embalmer No. 2319.....

P. O. Address Joplin 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.