

FILED MAY 18 1944

Registration District No.

Primary Registration District No. 3047

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Neosho
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
State Memorial
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Two Weeks
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald 60

(c) City or town Goodman MO. 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 _____

3. (a) PRINT FULL NAME JOSEPH STAIGER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, Divorced

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

7. Birth date of deceased Oct. 4 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

63 ###,6 29 _____ hr. _____ min.

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

10. Usual occupation Insurance Adjuster

11. Industry or business _____

MOTHER FATHER { 12. Name David Staiger

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stanley

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

16. (a) Informant GWEN STAIGER

(b) Address Goodman MO.

17. (a) Burial (b) Date thereof 5-7-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson MO.

18. (a) Signature of funeral director Charles Williams

(b) Address Goodman MO

19. (a) 5-10-44 (b) Carley Thompson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 5 year 1944 hour 8 minute 0 P. M.

21. I hereby certify that I attended the deceased from March 28 1944 to May 5 1944 that I last saw him alive on May 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death (Disease):
Cardiac Decompensation

Due to Arterio-sclerosis and Hypertension

Due to Chronic Interstitial Nephritis

Other conditions none
(Include pregnancy within 3 months of death)

Duration

Major findings: none 13/a

Of operations none

Of autopsy none

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)

(c) Means of injury _____

23. Signature Melvin C. Bowman (M. D. or other) M.D.

Address Neosho, MO Date signed 5-9-44

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

73
3
2

1110

MAY 26 1944

RECEIVED 5-15-44
District Health Officer No.
District File Number 544-109
Date Filed 5-16-44

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 Margaret Williams Peckitt, Registered Apprentice No.
working under my personal supervision.

Signed Margaret Williams Peckitt
Licensed Embalmer No. 4166
P. O. Address St. Louis, 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.