S. No. 2
M—5-43
. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 17 1945

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12650

Primary Registration District No. 3000

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Adair

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

(c) Name of hospital or institution: 603 W. Hamilton (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Adair

(c) City or town Kirksville (If outside city or town limits, write "RURAL")

(d) Street No. 603 W. Hamilton (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country O

3. (a) PRINT FULL NAME Millicent Ross Siegmund

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 F. B. Siegmund

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

7. Birth date of deceased October (Month) 11 (Day), 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
69	4	2	_____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

FATHER

12. Name Louisa Fitzallen (Ross)

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

MOTHER

14. Maiden name John Pitt Ross

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

16. (a) Informant Mrs Lillie McClain

(b) Address Kirksville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-45 (Month) (Day) (Year)

(c) Place: burial or cremation Llewellyn Cemetery

18. (a) Signature of funeral director Davis Funeral Home

(b) Address Kirksville, Mo

19. (a) 3-31-45 (Date received local registrar) (b) Mrs. J. S. Wagner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 13 year 1945 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Oct 1944, 19____, to Feb 13, 1945 that I last saw her alive on Feb 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac decompensation	3-4 mos
Due to arteriosclerosis	3-4 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 95c
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? (Specify type of place)

While at work? (e) Means of injury O

23. Signature R O Stipler (M. D. or other) MD

Address Kirksville Date signed 3-15-45

1049

(Licensed Embalmer's Statement on Reverse Side)

APR 20 1945

RECEIVED
District Health Officer No. 10
District File Number 4-45-659
Date Filed APR 13 1945

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 Bowden Beaty

Licensed Embalmer No. 4379

P. O. Address Kirkwood, 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.