

S. No. 2  
M-5-43  
5-17-39  
I X38671

23213

State File No. \_\_\_\_\_  
3203  
Registrar's No. \_\_\_\_\_

FILED AUG 13 1945  
149

Registration District No. \_\_\_\_\_ Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 days  
(Specify whether  
In this community 6 years  
years, months or days)

3. (a) PRINT FULL NAME Henry Lee Sigler  
3. (b) If veteran, name war no  
3. (c) Social Security No. unknown

4. Sex male 0 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edna T. Sigler  
6. (c) Age of husband or wife if alive 66 years  
7. Birth date of deceased August 20, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 11 9 hr. min.

9. Birthplace Fort Worth Texas /  
(City, town, or county) (State or foreign country)  
10. Usual occupation rail road machinist

11. Industry or business  
12. Name Rufus B. Sigler  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Mealey  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant M. A. Sigler  
(b) Address 4307 Gillham Road  
17. (a) burial (b) Date thereof 8-2-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 104 W. 42nd. St.  
19. (a) 7-30-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 510 Wabash 8  
(If rural, give location)  
(e) Citizen of foreign country? no 0  
(Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29  
year 1945 hour 5 minute 15 A M.  
21. I hereby certify that I attended the deceased from  
July 25 45 to July 29 45  
that I last saw him alive on July 29 19 45  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cardiac decompensation  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy see above  
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)  
Means of injury \_\_\_\_\_  
23. Signature Clark W Seely MD 0 (M. D. or other)  
Address Med. Dir. K. C. General Hospital Date signed \_\_\_\_\_

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

**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..... *Walter H. Brown* .....

Licensed Embalmer No..... *4352* .....

P. O. Address..... *Kans City, Okla* .....

**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.**