DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF DEATH

Dr. Gregg

DO NOT WRITE 30723 IN THIS SPACE

STATE BOARD OF HEALTH
Division of Vital Statistics, State of [redacted] Mo. Registrar's No. 156-2004

FILED SEP 18 1946

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1. PLACE OF DEATH
(a) County Jasper
(b) City or township Joplin
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: St Johns Hospital
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)
In this community 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee
(c) City or town Galena Kansas
(If outside city or town limits, write RURAL)
(d) Street No. 4 + Short
(If rural give location)
(e) If foreign born, how long in U. S. A.? ..... years.

999
14
0
2

3 (a) FULL NAME Hattie E Sigman

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 Widow
6 (b) Name of husband or wife Sigel Sigman
6 (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 18 (Day) 1869 (Year)

8. AGE: Years 77 Months 4 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace (City, town or county) unk (State or foreign country)
10. Usual occupation
11. Industry or business Retired
FATHER 12. Name Geo A Lift
13. Birthplace (City, town or county) unk (State or foreign country)
MOTHER 14. Maiden name Martha J. Johnson
15. Birthplace (City, town or county) unk (State or foreign country)
16 (a) Informant's own signature records
(b) Address
17 (a) Removal (Burial, cremation or removal) (b) Date thereof 8-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Galena Kansas
18 (a) Signature of funeral director Hoskins-Wiens
(b) Address Galena Kansas
19 (a) 8-7-46 (Date received local registrar) (b) Ed Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month 8 day 5 year 46 hour 12 minute 45 pm
21. I hereby certify that I attended the deceased from 7-25, 1946, to 8-4, 1946, that I last saw h.. alive on 8-4, 1946, and that death occurred on the date and hour stated above.

	DURATION
Immediate cause of death Cerebral hemorrhage	10 hr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations None
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) None
(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
23. Signature [illegible] M. D. or other
Address [illegible] Date signed

19-2744-8

N.B.—If WITH UNDERLINE THIS AS A [illegible] fully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

46-8-745

Hosdens-Wene Funeral Home
Galena Kansas.

Embalmed by J Lance Wene.
2880 mo.
Galena. Kansas.