

X32673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 128

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 2000

Dr. Fitch  
40267  
State File No.  
Registrar's No. 983

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: 1505 Cherry  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 Years  
In this community 18 Years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield  
(d) Street No. 1505 Cherry  
(e) Citizen of foreign country? No  
If yes, name country

3. (a) PRINT FULL NAME Lucille F. Sigars  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 7  
year 1946 hour 5 minute A. M.

4. Sex Female 5. Color of race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife A. E. Sigars  
6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased March 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 46 to Dec 7  
that I last saw him alive on Dec 6  
and that death occurred on the date and hour stated above.

8. AGE: Years 58 Months 8 Days 16  
If less than one day hr. min.

Immediate cause of death Pneumonia  
Due to

9. Birthplace Christian County Missouri  
(City, town, or county) (State or foreign country)  
Housewife

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations 106A  
Of autopsy

10. Usual occupation  
11. Industry or business  
12. Name Leander Norton  
13. Birthplace Christian County Missouri  
14. Maiden name Betty Payne  
15. Birthplace Christian County Missouri

PHYSICIAN  
Underline the cause to which death should be charged statistically.

16. (a) Informant A. E. Sigars  
(b) Address Springfield, Missouri  
17. (a) Burial (b) Date thereof 12/9/46  
(c) Place: burial or cremation Payne Cemetery  
18. (a) Signature of funeral director Herman H. Lohmeyer  
(b) Address Springfield, Missouri  
19. (a) 12-7-46 (b) W. J. Handy M.D.  
(Date received local registrar) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? No (Specify type of place) (2) means of injury ?  
23. Signature W. J. Handy (M. D. or other) M.D.  
Address Springfield Mo Date signed 12-7-46

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

MOTHER FATHER

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**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..... *Roy Mercer, Jr.*

Licensed Embalmer No..... *4432*

P. O. Address..... *Springfield, 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.**