FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 29 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 38280

Registrar's No. 4859

48
38

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: 427 W. 34th Terr. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas Coty
(If outside city or town limits, write "RURAL")
(d) Street No. 427 W. 34th Terr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ILOA S. LIME

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife James

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

7. Birth date of deceased Sept. (Month) 10 (Day) 1870 (Year)

8. AGE: Years 77 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Iowa (City, town, or county) 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Sigler
13. Birthplace Penn. (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Emma Oarth
15. Birthplace Penn. (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs Louisa Lime
(b) Address 427 W. 34th Terr.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Urich Missouri

18. (a) Signature of funeral director Fuerk and Cobin
(b) Address 20 W. Linwood

19. (a) 11-20-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 18
year 1947 hour 8 minute 35 P. M.

21. I hereby certify that I attended the deceased from Nov. 18, 1947, to Nov. 18, 1947
that I last saw her alive on Nov. 18, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary thrombosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 94 A

Of autopsy

Duration

PHYSICIAN

Underline the cause of 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

23. Signature D. D. Ludwig (M. D. or other) D.O.
Address 407 W. 34 Terrace Date signed 11-20-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Francis L. Fisher Registered Apprentice No. 47, working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City 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.