

S. No. 2
-11-10-39
5-17-39
PI X21492

FILED AUG 10 10 40 AM
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24630**

Registration District No. **85**

Primary Registration District No. **1001**

Registrar's No. **751**

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St. Joseph, Mo.
(c) Name of hospital or institution: St. Joseph, Hospital, Sisters
(d) Length of stay: In hospital or institution 3 days
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph, Mo.
(d) Street No. 108 No. 2nd
(e) If foreign born, how long in U. S. A. ✓ years.

3. (a) PRINT FULL NAME Louis Newton Sigears 262
(b) If veteran, name war No
(c) Social Security No. ✓

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 13
year 1940 hour 3 minute 45 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Annie
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Mch. 2nd. 1881

21. I hereby certify that I attended the deceased from July 10, 1940, July 13, 1940
that I last saw him alive on July 13, 1940
and that death occurred on the date and hour stated above.

8. AGE: Years 59 Months 4 Days 11
If less than one day hr. ✓ min. ✓

Immediate cause of death Left lower lobe pneumonia
Due to ✓
Due to 108
Other conditions (Include pregnancy within 3 months of death) ✓

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

10. Usual occupation Common laborer

Major findings: ✓
Of operations ✓
Of autopsy Lower pneumonia

11. Industry or business None
12. Name Joseph Sigears
13. Birthplace Missouri
14. Maiden name Unknown
15. Birthplace Unknown

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

16. (a) Informant Annell Sigears
(b) Address Carden Point Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) ✓
(b) Date of occurrence July 15-40
(c) Where did injury occur? Carden Point No.
(d) Did injury occur in or about home, on farm, in industrial place, in public place? ✓

17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** July 15-40
(c) Place: burial or cremation Carden Point No.

23. Signature T. H. Sapstein M.D. (M. D. or other) IMO.
Address 220 Francis **Date signed** 7-14-40

18. (a) Signature of funeral director Lucian Davis
(b) Address Dearborn, Missouri
19. (a) 7/15/40 **(b)** H. J. Hellebush
(Date received local registrar) (Registrar's signature)

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 ml

Registered Apprentice No. _____

working under my personal supervision.

Signed

Russell Davis

Licensed Embalmer No. 4160

P. O. Address

Seaborn ms

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, above space should be left blank.