S. No. 2
—1-4-41
. 5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17716

Registration District No. 288 Primary Registration District No. 4172 Registrar's No.

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 315- Hopper St -1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether

In this community 34 years- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Dunklin

(c) City or town Kennett (If outside city or town limits, write "RURAL")

(d) Street No. 315- Hopper St (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. LINA SIGLER STIRES

3. (b) If veteran, name war No

3. (c) Social Security No. no-

4. Sex F 1

5. Color or race white

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

6. (b) Name of husband or wife John C. Stires

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

7. Birth date of deceased June (Month) 10 (Day) 1863 (Year)

8. AGE: Years 77 [redacted] Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Alfred Sigler
13. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Raymond Dunscomb
(b) Address 315- Hopper St- Kennett, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/27-41 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Ridge

18. (a) Signature of funeral director Paul Salmon
(b) Address Kennett, Mo

19. (a) 5/31/41 (Date received local registrar) (b) Whitley Dover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25 year 8 hour minute P M.

21. I hereby certify that I attended the deceased from Mar. 1941, 19__, to May 23 1941 that I last saw h 4 ... alive on May 25 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 2 days

Due to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death) 43 W

Major findings:
Of operations
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)
(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 James G. Cooper (M. D. or other)
Address Kennett, Mo Date signed May 31, 41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 2,
District File Number 644-794
Date Filed 6/11/41

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 S P Salmon

Licensed Embalmer No. 2556-

P. O. Address Kern H, [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.