S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 16 1942

Registration District No. 7

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11629

Primary Registration District No. 4463

Registrar's No. 34

81
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1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rolla Twn
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Nelle McFarland Memorial Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)
In this community 6 days

2. USUAL RESIDENCE OF DEASCEASED: 11
(a) State Missouri (b) County
(c) City or town St. Joseph 7
(If outside city or town limits, write "RURAL")
(d) Street No. 3802 Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME Martin Earl Stigers
3. (b) If veteran, name war No
3. (c) Social Security No. 500-07-4651
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Divorced 3
6. (b) Name of husband or wife Bertha Stigers
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased Feb (Month) 3 (Day) 1883 (Year)

8. AGE: Years	Months	Days	If less than one day
59	1	2	hr. min.

9. Birthplace St Joseph (City, town, or county) Mo (State or foreign country)
10. Usual occupation Plasterer
11. Industry or business
MOTHER FATHER
12. Name Willard Stigers
13. Birthplace St Joseph, Mo (City, town, or county) (State or foreign country)
14. Maiden name Sarah E Kennard
15. Birthplace St Joseph Mo (City, town, or county) (State or foreign country)
16. (a) Informant Mrs L L Cook (Sister)
(b) Address 3802 Terrace Ave St Joseph
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/7/42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Auburn Cemetery
18. (a) Signature of funeral director Alfred J. Smith
(b) Address Rolla, Mo.
19. (a) Mar 5/42 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th year 1942 hour 1:00 minute 15 P. M.
21. I hereby certify that I attended the deceased from February 28, 1942, to March 5th, 1942; that I last saw him alive on March 5th, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Non specific meningitis
Due to Influenza and pneumonia (lobar)
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 8 10
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 [signature] (M. D. or other)
Address Rolla Mo. Date signed 3-5-42

1072 (Licensed Embalmer's Statement on Reverse Side)

JUN 5 1942

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 Wm. H. McDowell

Licensed Embalmer No. 3806

P. O. Address Salem, 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.