

Registration District No. 149

Primary Registration District No. 1002

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

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:
St. Mary's Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
 In this community 4 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 601 East 73rd Street
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mr. Ben Peter Sigler
 3. (b) If veteran, name war None 3. (c) Social Security No. 521-16-8209

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased September 18 1914
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>7</u>	<u>10</u>	_____ hr. _____ min.

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

10. Usual occupation Record Clerk

11. Industry or business Baker-Lockwood Mfg. Co.

12. Name William Sigler

13. Birthplace Missouri Valley Iowa
(City, town, or county) (State or foreign country)

14. Maiden name LEV FOX

15. Birthplace Missouri Valley Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. William Sigler

(b) Address 439 South Colorado Street

17. (a) Burial (b) Date thereof April 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Valley, Iowa

18. (a) Signature of funeral director J. H. Thompson

(b) Address 1401 Brush Creek Blvd.

19. (a) 4-28-43 (b) M. M. Groom
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28
 year 1943 hour 2 minute 50 A.M.

21. I hereby certify that I attended the deceased from Febr. 19 1943 to April 28, 1943
 that I last saw h. alive on April 27, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cor. pulmonale (Pulmonary heart disease) Duration 1 yr.

Due to Chronic bronchitis 3 yrs.

Due to _____

Other conditions Recent, acute bronchitis 1 week
(Include pregnancy within 3 months of death)

Major findings: Of operations 9503

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) none

(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?
 While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Graber Asker (M. D. or other) M.D.
 Address 1220 Professional Bldg. Date signed 4-28-43

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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 *A. C. Neumann Jr.*

Licensed Embalmer No. 4043

P. O. Address *KCMO*

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.