

FILED SEP 8 1943 316

Primary Registration District No. 3060

Registrar's No. 318

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Farmington, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 64 years (Specify whether)
years, months or days

3. (a) PRINT FULL NAME John Franklin Sigman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-05-598

4. Sex M 5. Color of W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ollie Opal Watts Sigman 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 8 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>1</u>	<u>12</u>	hr. _____ min.

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

10. Usual occupation merchant

11. Industry or business _____

MOTHER FATHER { 12. Name J. F. Sigman
13. Birthplace N. Carolina
14. Maiden name Marion Johnson N. Carolina
15. Birthplace N. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Ollie Opal Watts Sigman

(b) Address 521 Cayce Farmington Mo.

17. (a) burial (b) Date thereof 8/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parkview Cem. Farmington Mo.

18. (a) Signature of funeral director Cozean

(b) Address Farmington, Missouri

19. (a) 8-25-43 (b) Byrdie Bukhmer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Francois
(c) City or town Farmington Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? City of USA (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20
year 43 hour 8 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 1 1943 to Aug 20 1943
that I last saw him alive on Aug 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate gland
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) 518

Major findings: _____
Of operations _____
Of autopsy _____

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?
Ms. (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature R. G. Gophery (M. D. or other) 8-23-43
Address Farmington Date signed

Duration _____
PHYSICIAN _____
Underline (the cause to which death should be charged statistically).

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

RECEIVED

District Health Officer No. 4

District File Number 943-264

Date Filed 9-7-43

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.....

me, Registered Apprentice No.

working under my personal supervision.

Signed *[Signature]*.....

Licensed Embalmer No. 4087.....

P. O. Address *Farmington, N.H.*.....

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.