No. 2
M—2-43
5-17-39
1 X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5187

Registration District No. 110 Primary Registration District No. 5426 Registrar's No. 14

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: John Pehle, Residence (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community 7 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 6 Miles East of Berger, Mo (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MILTON ELLIOTT SIGLER

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mary Sigler

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased February (Month) 13 (Day) 1878 (Year)

8. AGE: Years 67 Months 11 Days 26 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name David Sigler
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Martha Lively
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Mrs. Milton Sigler

(b) Address Berger, Mo. R.F.D. #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/12/46 (Month) (Day) (Year)

(c) Place: burial or cremation Stonyhill, Mo.

18. (a) Signature of funeral director Paul H. Blumer

(b) Address Berger, Mo

19. (a) 2-11-46 (Date received local registrar) (b) Jeffie Grammann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 46 hour 8 minutes 30 A.M.

21. I hereby certify that I attended the deceased from 1940 19 to Feb 9 1946 that I last saw him alive on Feb. 1 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to Hypertension

Due to Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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. (M. D. or other)

Address Washington Mo Date signed 2/9/46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 3/2-46

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 Herman Blimer

Licensed Embalmer No. 528

P. O. Address Berger 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.