S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38934

FILED DEC 5 1947

Registration District No. 209

Primary Registration District No. 5764

Registrar's No. 68

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

1. PLACE OF DEATH:
(a) County Marion
(b) City or town North East of Monroe City
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Marion 64
(c) City or town RR# Monroe City Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Sigler
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Leonard
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased March (Month) 1 (Day) 1892 (Year)

8. AGE: Years 56 Months 8 Days 21 If less than one day hr. min.

9. Birthplace Clapper (City, town, or county) Missouri (State or foreign country)
10. Usual occupation House Wife
11. Industry or business
FATHER
12. Name Martin Winsatt
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Nannie Powers
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mr Leonard Sigler
(b) Address RR# Monroe City Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 24. 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Palmyra
18. (a) Signature of funeral director James O'Donnell
(b) Address Hannibal Mo
19. (a) 11-24-47 (Date received local registrar) (b) Viola Geer Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22
year 1947 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from July 1947, 19, to Nov. 22, 1947
that I last saw her alive on Nov 16, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	about
Myocardial Damage	2 mo.
Due to: Hypertensive Cardiovascular	10 yrs
Cerebral Arteriosclerosis	5 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

93 D

PHYSICIAN
Underline the cause of 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 J. E. Eilkman (M. D. or other) MD
Address Hannibal Mo Date signed 11/24/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 M. J. O'Donnell

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.