

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

39026

State File No. \_\_\_\_\_

Registrar's No. 77

FILED DEC 12 1941

Registration District No. 623

Primary Registration District No. 4390

1. PLACE OF DEATH:

**Pemiscot**

- (a) County Pemiscot  
(b) City or town Hayti  
(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 34 Yrs.  
years, months or days

3. (a) PRINT FULL NAME **Eliza Ann 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 widowed

6. (b) Name of husband or wife Frank J. Sigler 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec. 4 1861  
(Month) (Day) (Year)

8. AGE: Years 79 Months 11 Days 23 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Union City Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife  
home

11. Industry or business \_\_\_\_\_

12. Name Ezra Henshaw  
13. Birthplace North Carolina  
(City, town, or county) (State or foreign country)  
14. Maiden name Pamella E. Jarrell  
15. Birthplace North Carolina  
(City, town, or county) (State or foreign country)

16. (a) Informant Carl Sigler

- (b) Address Hayti

17. (a) Burial (b) Date thereof 11/28/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Hayti Mo.  
Ray Funeral Home

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Hayti Mo.  
19. (a) 11/28/41 (b) Pearl Kelley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Pemiscot  
(c) City or town Hayti  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 27  
year 1941 hour 9 minute 10 A.M.

21. I hereby certify that I attended the deceased from Oct. 15,  
1941, to Nov. 27, 1941;  
that I last saw her alive on Nov. 26, 1941;  
and that death occurred on the date and hour stated above.

- Immediate cause of death Chronic Hypertension  
Duration 1 year

- Due to Arteriosclerosis  
Hypertension  
Due to Hypertension

- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature P. B. Bond (M. D. or other) \_\_\_\_\_  
Address Hayti, Mo. Date signed 11-28-41

12-41-7

2.2  
—M  
1.4

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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 Jack Kelley

Licensed Embalmer No. 3788

P. O. Address Hayti 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, above space should be left blank.**

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39026**

Registration District No. **453**

Primary Registration District No. **4390**

Registrar's No. ....

1. PLACE OF DEATH:

- (a) County **Platte**  
(b) City or town **Wayne**  
(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)

3. (a) PRINT FULL NAME **Elizabeth Sigler**

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W**  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **Dec 4, 186** (Month) (Day) (Year)

8. AGE: Years **79** Months **11** Days \_\_\_\_\_ (If less than one day, in min.)

9. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant \_\_\_\_\_  
(b) Address \_\_\_\_\_  
17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)  
(Burial, cremation, or removal)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address \_\_\_\_\_

19. (a) \_\_\_\_\_ (b) \_\_\_\_\_ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov** year **1941** hour \_\_\_\_\_ day \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19 \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

- Due to \_\_\_\_\_  
Due to \_\_\_\_\_

- Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

- Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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? \_\_\_\_\_

- While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **John B. Bond, M.D.** (M. D. or other) \_\_\_\_\_  
Address **Wayne, Mo.** Date signed \_\_\_\_\_

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

SUPPLEMENTARY

S-39026