N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D JUN 15 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

18144
Do not use this space.

1. PLACE OF DEATH
(a) County Butler
(b) Township
(c) or City Poplar Bluff
Registration District No. 89
Primary Registration District No. 3007
Registered No. 117
(d) Street No. Poplar Bluff Hospital St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LUTHER SIELERT
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Grace M. Sielert

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24, 1897

7. AGE: Years 41 | Months 6 | Days 11 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. RR Employe
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co., Mo. 0

FATHER
13. NAME Khundradht Sielert 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 9

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Grace M. Sielert, Dupo, Ill.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bloomfield, Mo. DATE May 9/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Blankenship-Strickland, Dexter, Mo.

20. FILED 5/9, 19 39 [illegible] Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5-5-, 1939, to 5-5-, 1939
I last saw him alive on 5-5-, 1939. Death is said to have occurred on the date stated above, at 2 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hemorrhage shock from crushing injury, left leg cutting off at knee & left arm cut off at elbow & shoulder	5-5-39

Other contributory causes of importance: Shock

Name of operation [illegible] Date of 5-5-39
What test confirmed diagnosis? — Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5-5-, 1939
Where did injury occur? Dexter Mo near depot
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Fell off train while in motion
Nature of injury Crushed

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify.
(Signed) [illegible], M. D.
(Address) Poplar Bluff Mo

(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 J. E. Strickland, ~~Registered Apprentice No.~~ ..... working under my personal supervision.

Signed J. E. Strickland

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.