No. 2
1-10-39
-17-39
X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUL 17 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23059

Registration District No. 875 880 Primary Registration District No. 6148 Registrar's No. 29

1. PLACE OF DEATH

(a) County: Vernon

(b) ~~City or town~~: Rural (Walker township)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Walker township
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)

In this community Unknown

3. (a) PRINT FULL NAME: Mary Siebens

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Siebens Siebens

6. (c) Age of husband or wife if alive: 75 years

7. Birth date of deceased: Sept (Month) 24 (Day) 1868 (Year)

8. AGE: Years 71 Months 9 Days 5 If less than one day ___ hr. ___ min.

9. Birthplace: Pomerania (City, town, or county) Germany (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: Home

MOTHER FATHER

12. Name: Unknown

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Herman Siebens

(b) Address: Nevada, Mo.

17. (a) Buried (Burial, cremation, or removal) (b) Date thereof: July 1, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation: Newton Cemetery

18. (a) Signature of funeral director: Berry Funeral Home

(b) Address: Nevada, Mo.

19. (a) 7-3-40 (Date received local registrar) (b) C. B. Davis (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Vernon

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

(d) Street No.: R.F.D. #1 Nevada, Mo (If rural, give location)

(e) If foreign born, how long in U. S. A.? Unknown years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29 year 1940 hour 1 minute :00 A.M.

21. I hereby certify that I attended the deceased from Aug 24, 1939, to June 29, 1940, that I last saw her alive on June 27, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocardial failure & sudden Death	6-29-40
Due to: Chronic Cardiovascular renal disease	2 yrs
Due to:	
Other conditions: (Include pregnancy within 3 months of death)	
Major findings: Of operations: None	
Of autopsy: no	

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? No (Specify type of place) While at work? (e) Means of injury

23. Signature: [illegible] (M. D. ~~or other~~)

Address: Nevada Mo Date signed 7-1-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 7-40-1077
Date Filed 7-16-40

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~~ Persona

....., Registered Apprentice No.....

working under my personal supervision.

Signed Lloyd R. Winscott

Licensed Embalmer No. 3867

P. O. Address Nevada, Mo.

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

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