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FILED OCT 18 1940

Registration District No. 5780

Primary Registration District No. 5780

Registrar's No. 31

1. PLACE OF DEATH:

(a) County Monroe

(b) City or town Grand Washington
(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) 200

(d) Length of stay: In hospital or institution 5 Months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monroe

(c) City or town Rural
(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.

3. (a) PRINT FULL NAME FRED SEBALT

(b) If veteran, name war _____

(c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 22
year 1940 hour 7 minute 15 A. M.

21. I hereby certify that I attended the deceased from 7-14-1940
_____, 19____, to 9-22, 1940;
that I last saw him alive on 7-15-40, 1940;
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 11 1860
(Month) (Day) (Year)

Immediate cause of death: Cerebral thrombosis

Due to cardiac failure and infarcted brain

Due to cardiac edema

Other conditions (include pregnancy within 3 months of death) _____

Major findings: _____

Of operations _____

Of autopsy _____

Duration N.I.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years 80 Months 6 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Henry Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Fredric Sebalt

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

14. Maiden name Koestenauff

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

16. (a) Informant Mrs. Clara Tompkinson
(b) Address Jacobs Ill

17. (a) Burial (b) Date thereof Sept. 24, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grady Lee Home

18. (a) Signature of funeral director Henry Swan
(b) Address N. Main St. Hannibal

19. (a) 9/22/1940 (b) J. A. Barrett, M.D.
(Date received local registrar) (Registrar's signature) (R. S.)

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? _____

910 (Specify type of place) _____

While at work? _____ Means of injury 2

23. Signature Wells Christman, M.D.
Address Hannibal, Mo Date signed 9/24/40

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

RECEIVED

District Health Officer No: 10

District File Number 10-40-1906

Date Filed OCT 9 1940

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 ME

....., Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No. 1754

P. O. Address Winnemucca, NV

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.