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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33405

Registration District No. FILED OCT 23 1940 887 Primary Registration District No. 6179 Registrar's No.

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

1. PLACE OF DEATH:
(a) County WASHINGTON Brit
(b) City or town POTOSI MO - RURAL
(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 2 (Specify whether
In this community 0 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County WASHINGTON
(c) City or town POTOSI MO. (RURAL)
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 2
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 YRS years.

3. (a) PRINT FULL NAME Marie HEPPNER SEYFORTH
3. (b) If veteran, name war
3. (c) Social Security No. NONE.
4. Sex F
5. Color or race W
6. (a) ~~Single~~ (widowed) ~~married~~, ~~divorced~~ WIDOWED
6. (b) Name of husband or wife CHARLES OSCAR SEYFORTH
6. (c) Age of husband or wife if alive years
7. Birth date of deceased JUNE (Month) 2 (Day) 1850 (Year)

8. AGE: Years 90 Months 3 Days 26 If less than one day hr. min.

9. Birthplace (City, town, or county) GERMANY 6 (State or foreign country)
10. Usual occupation HOUSEWIFE 6
11. Industry or business 6
MOTHER FATHER
12. Name JOSEPH HEPPNER
13. Birthplace (City, town, or county) Germany (State or foreign country)
14. Maiden name UNKNOWN
15. Birthplace (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs JOHN BERGMAN
(b) Address Potosi, MO RR. 2
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9 - 30 1940 (Month) (Day) (Year)
(c) Place: burial or cremation HOPEWELL MO
18. (a) Signature of funeral director J. B. BOYER & SON
(b) Address POTOSI, MO.
19. (a) Oct 1-40 (Date received local registrar) (b) G. F. Cresswell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 28.
year 1940. hour minute M.

21. I hereby certify that I attended the deceased from Sept 24 to Sept 28, 1940
that I last saw her alive on Sept 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Due to Right side cancer
Due to Partial paralysis
Other conditions Affected
(Include pregnancy within 3 months of death)
Major findings:
Of operations 82 W
Of autopsy

Duration

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? 808 (Specify type of place)
While at work? (e) Means of injury

23. Signature G. F. Cresswell (M. D. or other)
Address Potosi, Mo. Date signed 9/30/40

(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, ~~only~~ .....

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

working under my personal supervision.

Signed: O. H. Boyd

Licensed Embalmer No. 4158

P. O. Address Potosi Mo

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

If this body is not embalmed, fact should be so stated above.