

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **38983**

Registration District No. **11-15-39**

Primary Registration District No. **5574**

Registrar's No. **84**

1. PLACE OF DEATH:

(a) County **Jefferson**  
(b) City or town **Hillsboro Rural Vatter**  
(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 **56 years** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jefferson**  
(c) City or town **Hillsboro Rural**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3 mi west of Hillsboro**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **60 years** years.

8. (a) PRINT FULL NAME **LENA SIEMER**

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 **married**

6. (b) Name of husband or wife **Harmer Siemer** 6. (c) Age of husband or wife if alive **79** years

7. Birth date of deceased **Jan 14 1863**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **10** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Danmark Germany**  
(City, town, or county) (State or foreign country)

10. Usual occupation **housewife**

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

12. Name **Thomas Jones**

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

14. Maiden name **unknown**

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

16. (a) Informant **Germa Siemer**

(b) Address **Hillsboro Rty 1**

17. (a) **Burial** (b) Date thereof **Nov 30 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hillsboro**

18. (a) Signature of funeral director **Donald B. Stetler**

(b) Address **Debit to Mrs.**

19. (a) **12-10-70** (b) **Jeneva Donnell**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **27**  
year **1940** hour **11** minute **9 P.M.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19**32**, to **Nov. 27** \_\_\_\_\_ 19**40**,  
that I last saw her alive on **Nov 25** \_\_\_\_\_ 19**40**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Biliary Calculi** **15m**

Due to \_\_\_\_\_ **12/1**

Due to \_\_\_\_\_ **Ch. Nephritis**

Other conditions **Ch. Nephritis**  
(Include pregnancy within 3 months of death)  
**Hypertension**  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
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?  
**38/** \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place)  
Means of injury \_\_\_\_\_

23. Signature **Charles E. Felt** (M. D. or other) \_\_\_\_\_  
Address **Debit to Mrs.** Date signed **12/4/40**

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

**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 Donnell B. Dietrich

Licensed Embalmer No. 4104

P. O. Address Adelato 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.**