

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

2739
Do not use this space.

1. PLACE OF DEATH *Holt*

(a) County *Holt* Registration District No. _____
 (b) Township _____ Primary Registration District No. _____ Registered No. _____
 (c) City *Oregon* (d) Street No. *1 1/2* 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. *6* mos. *1* ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *ELSIE MARIE SEITZ*

(a) Residence, No. _____ St. *Maitland Mo.*
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 17, 1893*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>47</i>	<i>2</i>	<i>16</i>		

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *At Home*

9. Industry or business in which work was done, as saw mill, bank, etc. *House keeper*

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) *Liberia (D)*
Barter Co. Missouri

FATHER

13. NAME *Milton Seitz*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

MOTHER

15. MAIDEN NAME *Lucy Zollinger*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pennsylvania*

17. INFORMANT (ADDRESS) *Clara Seitz*
Skidmore & Co.

18. BURIAL, CREMATION, OR REMOVAL PLACE *Maitland Mo.* DATE *1-6*

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Pelt John Thence*
Oregon Mo.

20. FILED *1-6* 19*41* *W. J. Thaus*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 3rd, 1941*

22. I HEREBY CERTIFY, That I attended deceased from *Dec 2*, 19*40* to *Jan 3*, 19*41*
 I last saw him alive on *Dec 27*, 19*40* Death is said to have occurred on the date stated above, at *10:50 P.* m.
 The principal cause of death and related causes of importance were as follows:
Diabetic Mellitus

Other contributory causes of importance: *bl-*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
 If so, specify _____
 (Signed) *W. J. Thaus* M. D.
 (Address) *Oregon Mo.*

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.

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

Ralph C. Moore

Licensed Embalmer No. *1743*

P. O. Address *Oregon, 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.