

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **14903**

Registration District No. **417**

Primary Registration District No. **5561 D.**

Registrar's No. **39**

1. PLACE OF DEATH:

(a) County **Jasper**  
(b) City or town **JOPLIN TOWNSHIP; 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  
In this community **30 yrs** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jasper**  
(c) City or town **Duenweg** (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.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25th**  
year **1941** hour **1** minute **0** M.

21. I hereby certify that I attended the deceased from  
**APRIL 24, 1941**, to **APR. 25, 41**, 19  
that I last saw him alive on **APR. 25, 41**, 19  
and that death occurred on the date and hour stated above.

Immediate cause of death

**Coronary Thrombosis** **2 hours**

Due to

**Arterio-Sclerosis**

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy

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?

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

23. Signature **W. R. Gaudin** (M. D. or other)

Address **Duenweg, Mo.** Date signed **4-28-41**

3. (a) PRINT FULL NAME

**Mrs. Belle Sieder**

3. (b) If veteran, name war

3. (c) Social Security No.

4. **Female** 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 **April 15 1867**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **0** Days **10** If less than one day hr. min.

9. Birthplace **Des Moines, Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

12. Name **John D. Sillbreath**

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

14. Maiden name **Louise**

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

16. (a) Informant **Mrs. Coral Vilquist**

(b) Address **Neosho, Mo.**

17. (a) **Burial** (b) Date thereof **April 28 1941**  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation **Eastview Cem.**

18. (a) Signature of funeral director **W. R. Gaudin**

(b) Address **W. R. Gaudin**

19. (a) **APRIL 28, 41** (b) **W. R. Gaudin**  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

41-5-427.

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 myself

Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

Clayton M. Johnston

Licensed Embalmer No.

3,922

P. O. Address

Welf Bety. M.

**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, fact should be so stated above.**