S. No. 2
—4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

606

FILED JUN 5 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17761

Registration District No. 297 Primary Registration District No. 5414 Registrar's No. 43

1. PLACE OF DEATH:

(a) County Franklin.

(b) ~~City or town~~ Washington, Rural, St. John's Twns (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. #1 E. Box 17. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether years, months or days)

In this community 10 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town Washington, Mo. Rural. (If outside city or town limits, write "RURAL") 0

(d) Street No. R. #1 East, Box 17. (If rural, give location) 0

(e) If foreign born, how long in U. S. A.? x 0 years.

3. (a) PRINT FULL NAME Frances Margaret Sieve.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband William Sieve.

6. (c) Age of husband or wife if alive deceased years

7. Birth date of deceased October (Month) 20th. (Day) 1864. (Year)

8. AGE: Years 76 Months 6 Days 12 If less than one day ___ hr. ___ min.

9. Birthplace Villa Ridge, R.F.D. (City, town, or county) Missouri. (State or foreign country)

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name George Hormann.
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Catherine Hannaken (HANNEKEN)
15. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)

16. (a) Informant John George Sieve

(b) Address Villa Ridge, Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof May 5th, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Villa Ridge, Mo. R.F.D.

18. (a) Signature of funeral director Nieburg & Vitt, Inc.

(b) Address Washington, Missouri. by L H Vitt

19. (a) May 2-1941 (Date received local registrar) (b) H A May (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 2nd. year 1941 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from April 24 1941, 19__, to May 2, 1941; that I last saw her alive on May 2, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia — Duration

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. K. Post (M. D. or ~~other~~) 0

Address Washington Mo Date signed 5/2/41

(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, or by Me Lester H. Witt, Registered Apprentice No. ..... working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

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

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