

Registration District No. **735**

Primary Registration District No. **3034**

Registrar's No. **147**

**FILLED JUL 19 1941**  
**735**

**1. PLACE OF DEATH:**  
 (a) County **Randolph**  
 (b) City or town **Moberly**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **McComnick Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Randolph**  
 (c) City or town **Moberly**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **William F Seibert**  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **June** day **23<sup>rd</sup>**  
 year **1941** hour **5** minute **a.m.**  
**21. I hereby certify that I attended the deceased from** **May 19**  
 \_\_\_\_\_, 1941, to **June 23,** 1941;  
 that I last saw him alive on **June 23,** 1941,  
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **married**  
 6. (b) Name of husband or wife **Lillie Seibert** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **Nov. 7<sup>th</sup> 1862**  
 (Month) (Day) (Year)

Immediate cause of death **Hemiplegia**  
 Duration **1 mo 4 da.**

**8. AGE:** Years **78** Months **7** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to **Thrombosis cerebral**

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

Due to **g g B**

10. Usual occupation **Retired**

Other conditions (Include pregnancy within 3 months of death)

**MOTHER FATHER**  
 11. Industry or business \_\_\_\_\_  
 12. Name **William Seibert**  
 13. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Sophia Haxel**  
 15. Birthplace **Germany**  
 (City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Ed L. Seibert**  
 (b) Address **Moberly Mo**  
 17. (a) **Burial** (b) Date thereof **6-24-1941**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

**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?  
**925** (Specify type of place)

(c) Place: burial or cremation **Moberly Mo**  
 18. (a) Signature of funeral director **Mahan and Son**  
 (b) Address **Moberly Mo**  
 19. (a) **June 24-41** (b) **Seale Wallace**  
 (Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
 23. Signature **A. L. McComnick** (M. D. or other) **M.D.**  
 Address **Moberly Mo** Date signed **6-24-41**

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

RECEIVED

District Health Officer No. 10

District File Number 7-41-1286

Date Filed JUL 16 1941

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 Frank B D Witt

Licensed Embalmer No. 3021

P. O. Address Moberly 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, fact should be so stated above.**