

1. PLACE OF DEATH:
 (a) County Caldwell
 (b) City or town Braymer, Davis Twp. (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 _____
(Specify whether)
 In this community 10 yrs
years, months or days

3. (a) PRINT FULL NAME Gus Seitter
 3. (b) If veteran, name war no
 3. (c) Social Security No. NO

4. Sex male
 5. Color or race white
 6. (a) Single, widowed, married, divorced single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased April 1st 1855
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 10 25 _____ hr. _____ min.

9. Birthplace Utica, Wm N.Y.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer-stackman

11. Industry or business _____

MOTHER FATHER { 12. Name Christopher Seitter
 13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Smith
 15. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bunk Griffin
 (b) Address Braymer, Mo

17. (a) Burial (b) Mar 28-1-42
(Burial, cremation, or removal) (Date thereof) (Month) (Day) (Year)
 (c) Place: burial or cremation Phares Cem

18. (a) Signature of funeral director Bernard J. Mead
 (b) Address Braymer MO

19. (a) Feb 28 - 1942 (b) E A Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Caldwell 13
 (c) City or town Braymer, (rural)
(If outside city or town limits, write "RURAL")
 (d) Street No. Davis Twpt.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 26th
 year 1942 hour 6 minute 00 a.m.

21. I hereby certify that I attended the deceased from Sept. 3, 1941, 19____, to Feb. 25, 1942, 19____.
 that I last saw him alive on Feb. 24, 1942, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis.
 Duration not known

Due to _____

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: 131a
 Of operations _____
 Of autopsy NO
 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 Henry J. Thompson M.D. (M. D. or other) 0
 Address Braymer, Mo Date signed 26 Feb 42

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

13
0
0

1157

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

Bernard F. Mead

Licensed Embalmer No.....2801.....

P. O. Address Braymer, 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.