

FILED MISS 13, 1942
Registration District No.

Primary Registration District No. 5639

Registrar's No. 16

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Verona
(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 70 years (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Verona (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 Theresa Seitzwater

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife John 6. (c) Age of husband or wife if alive years

7. Birth date of deceased (Month) Nov (Day) 16 (Year) 1865

8. AGE: Years 86 Months 2 Days 16 If less than one day hr. min.

9. Birthplace Bavaria (City, town, or county) Germany (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Alois Lomer

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

14. Maiden name Unknown

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

16. (a) Informant

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 3 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Catholic Cem. Verona

18. (a) Signature of funeral director H. D. Fessett

(b) Address Verona, Mo

19. (a) Feb 2 1942 (Date received local registrar) (b) Edna McFall (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February year 1942 hour 1 minute 40 P.

21. I hereby certify that I attended the deceased from October 6 1940 to February 1 1942 that I last saw her alive on February 1 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza and Bacterial pneumonia

Due to

Due to

Other condition Chronic Myocarditis (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

Duration

2 Days

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 Dr. Kenneth S. Kelley (M.D. or other)

Address 16 E. ... Date signed 2/1/42

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

RECEIVED

District Health Officer No. 6,

District File Number 342-310

Date Filed MAR 11 1942

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..... *Mrs. H. D. Fossett*

Licensed Embalmer No..... *2720*

P. O. Address..... *Mt. Vernon, Md.*

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.