

13938

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 21 1942

Registration District No. 1st

Primary Registration District No. 5779

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rural Rendes Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

3. (a) PRINT FULL NAME DOVA-BERTHA-SIEVERS

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August Seelers 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased April 27 1883
(Month) (Day) (Year)

8. AGE: Years 58 Months 11 Days 5 If less than one day _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name Fred Siebert

13. Birthplace Cape Girardeau Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Bertha Seelers

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

16. (a) Informant's own signature August Seelers

(b) Address Lawson mo

17. (a) Burial (b) Date thereof 4-4-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Russell Heights

18. (a) Signature of funeral director Wilson - Staley - Seehaus

(b) Address Lawson mo

19. (a) 4-4-1942 (b) J. B. Keister
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2nd
year 1942 hour 12 Noon/Minute _____ M.

21. I hereby certify that I attended the deceased from Mar 20, 1942, to Apr 2, 1942 that I last saw her alive on Mar 28, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 3 min

Due to Coronary Sclerosis 3 yr

Due to _____

Other conditions (Includes pregnancy within 3 months of death) _____

Major findings: Of operations gpa 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 J. Ruff (M. D. or other) MD

Address Jackson mo Date signed 4-3-42

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

REV. 5-17-39 1 X19311

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

District Health Officer No. 4
District File Number 542-651
Date Filed 5-18-42

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 Glenn Wilson
Licensed Embalmer No. 2828
P. O. Address Jackson 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, above space should be left blank.