

Registration District No. 2

Primary Registration District No. 205

Registrar's No. 57

1. PLACE OF DEATH:

(a) County Andrew

(b) City or town SAVANNAH
(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 72 yrs years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

(c) City or town SAVANNAH
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Jean Girtrude Seelic

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 year 1942 hour 3 minute 30 P.M.

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

6. (b) Name of husband or wife Rev. A. D. Seelic 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased: 7 (Month) 2 (Day) 1870 (Year)

21. I hereby certify that I attended the deceased from 7/5-42 1942 to 7/5 1942

that I last saw her alive on 7/5 1942

and that death occurred on the date and hour stated above.

Immediate cause of death accident at 3:30 a.m. fell down stairs fracturing leg and internal injuries

8. AGE: Years 72 Months 0 Days 3 If less than one day _____ hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 186a

9. Birthplace Oregon (City, town, or county) MO (State or foreign country)

10. Usual occupation at home

Major findings: Of operations 18

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name George Cummins

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

14. Maiden name Elizabeth Cayhill

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident 002

(b) Date of occurrence 7/5-42 3:30 a.m.

(c) Where did injury occur? Savannah Andrew MO (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? _____ (Specify type of place)

(e) Means of injury _____

16. (a) Informant Rev. A. D. Seelic

(b) Address Savannah MO

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-7-1942 (Month) (Day) (Year)

(c) Place: burial or cremation Oregon MO

18. (a) Signature of funeral director E. C. Breit

(b) Address Savannah MO

19. (a) 7-6-42 (Date received local registrar) (b) J. N. Fitchman (Registrar's signature)

23. Signature J. C. Haspel (M. D. or other)

Address Savannah MO Date signed 7/6/42

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

2
1
0

OCT 28 1946

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

E. C. Breit

Licensed Embalmer No.

2630

P. O. Address

Savannah 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.