

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED DEC 9 1942

Registration District No. 178

Primary Registration District No. 5439

Registrar's No. 11

37  
0  
0

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

1. PLACE OF DEATH: GASCONADE

(a) County GASCONADE

(b) City or town RURAL CANAAN TOWNSHIP  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
OWENSVILLE ROUTE 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 ALMOST ALL HER LIFE  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

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

(d) Street No. OWENSVILLE ROUTE 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country ✓

3. (a) PRINT FULL NAME JOHANNA FRIEDERICKA SIECKMANN

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 SINGLE

6. (b) Name of husband or wife NOT MARRIED

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased JUNE 23 1865  
(Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 8  
If less than one day hr. min.

9. Birthplace OWENSVILLE ROUTE 1 MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWORK

11. Industry or business

12. Name WM. SIECKMAN

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

14. Maiden name MARY HOKAMP

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

16. (a) Informant CASPER SIECKMANN

(b) Address OWENSVILLE ROUTE 1

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

(c) Place: burial or cremation CHARLOTTE LUTHERAN CH. DRANE MO.

18. (a) Signature of funeral director W. F. Lattenstark

(b) Address OWENSVILLE MO.

19. (a) 12-2-42 (b) Myrtle M. Wenzel  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 1  
year 1942 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from Nov. 2  
1942 to Dec. 1 1942;  
that I last saw her alive on Nov. 30 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Hypostatic Pneumonia -  
Bilateral - Lower Lobes  
Due to Cardiac Decompensation  
Due to Mitral Regurgitation

Duration  
3 dys.  
1 month.  
20 yrs.

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

Major findings:  
Of operations None  
Of autopsy None

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?  
(Specify type of place)

While at work? (e) Means of injury.....

23. Signature Paul A. Brenner (M. D. or other)

Address Owensville, Mo. Date signed 12-1-42

1287

**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 Me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Welford H. Wente  
Licensed Embalmer No. 3838  
P. O. Address Owensville 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.**