V. S. No. 2
50M—9-4-41
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37515

Registration District No. 184 Primary Registration District No. 3040 Registrar's No. 177

1. PLACE OF DEATH:

(a) County: Livingston
(b) City or town: Chillicothe
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 394 Graves Street 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 75 years

2. USUAL RESIDENCE OF DECEASED: 59

(a) State: Missouri (b) County: Livingston 1
(c) City or town: Chillicothe 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 394 Graves Street
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Emma Volk Seidel

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

4. Sex: Female | 5. Color or race: White 1 | 6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: Julius Seidel
6. (c) Age of husband or wife if alive: ____ years

7. Birth date of deceased: Oct. (Month) 11 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	26	____ hr. ____ min.

9. Birthplace: Springhill (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation: Housewife

11. Industry or business: ____

FATHER
12. Name: John Volk
13. Birthplace: Germany (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name: Elizabeth Usher
15. Birthplace: Livingston County- Mo. (City, town, or county) (State or foreign country) 0

16. (a) Informant: Ida E. Seidel
(b) Address: Chillicothe, Missouri

17. (a) Chillicothe (Burial, cremation, or removal) (b) Date thereof: 11-9-'42 (Month) (Day) (Year)
(c) Place: burial or cremation: Edgewood Cemetery

18. (a) Signature of funeral director: F. B. Norman Co.
(b) Address: Chillicothe, Missouri

19. (a) November 9-1942 (Date received local registrar) (b) Lou Ella Curry (Registrar's signature)

450 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 7th year: 1942 hour: 9:50 minute: P. M.

21. I hereby certify that I attended the deceased from Oct 30 1942 to Nov 7 1942 that I last saw her alive on Nov 6 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	9 days
Due to: Arteriosclerosis	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): 30	
Major findings: Of operations: —	
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: [illegible] M.D. (M.D. or other)
Address: Chillicothe Mo Date signed: Nov-8-42

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

E. R. Norman, Registered Apprentice No. 2374,

working under my personal supervision.

Signed E R Norman

Licensed Embalmer No. 2374

P. O. Address Chillicothe, 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.