

FILED MAY 11 1943

Registration District No. **119**

Primary Registration District No. **4192**

Registrar's No. **5**

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

1. PLACE OF DEATH:

(a) County Gasconade
(b) City or town Morrison
(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 all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Gasconade
(c) City or town Morrison
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George SciFert

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

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Rose Seifert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-22-1867
(Month) (Day) (Year)

8. AGE: Years 76 Months - Days 8 If less than one day _____ hr. _____ min.

9. Birthplace Morrison Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Geo Seifert
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Emma Bauer
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant George H. Seifert, Jr.
(b) Address Morrison, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-43
(Month) (Day) (Year)
(c) Place: burial or cremation Morrison MO

18. (a) Signature of funeral director Arnold Hummel
(b) Address Morrison MO

19. (a) May 1, 1943 (Date recorded local registrar) (b) A. H. Liedler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 30
year 1943 hour 11 minute 15 a.m.
21. I hereby certify that I attended the deceased from Apr 30
1943 to Apr 30 1943
that I last saw him alive on April 30 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Epilepsy
Duration _____

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 83a

Major findings: _____
Of operations _____
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) Means of injury 0

23. Signature Howard Thurman (M. D. or other) _____
Address Herrmann MO Date signed 5-30-43

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 *Chas M Pope*.....

Licensed Embalmer No. *2552*.....

P. O. Address *Morrison, 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.