

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32344

State File No. _____

Registrar's No. _____

Primary Registration District No. 6004

FILED SEP 21 1943
Registration District No. 293

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural, Lancaster Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Place Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 38 years years, months or days

3. (a) PRINT FULL NAME Stefan Seckar

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

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Seckar 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased August 13 1876 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 10 21 - hr. - min.

9. Birthplace Sasa Czechoslovakia (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Fluminal paper cement co.

12. Name Stefan Seckar

13. Birthplace not known (City, town, or county) (State or foreign country)

14. Maiden name Maria Plunka

15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Mr. George K. Slagik

(b) Address R.R. #3, Hannibal, Mo.

17. (a) Burial (b) Date thereof July 5, 1943 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Riverside cemetery

18. (a) Signature of funeral director Ray P. Schupke

(b) Address 1872 Broadway, Hannibal, Mo.

19. (a) 7/12/43 (b) RS BERKMAN (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls
(c) City or town Place - Rural (If outside city or town limits, write "RURAL")
(d) Street No. Lancaster township (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 year 1943 hour 1 minute 10 P. M.

21. I hereby certify that I attended the deceased from Jan 13 to July 1, 1943 that I last saw him alive on July 1, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration 6 mo

Due to Chronic Myocarditis 5 yr.

Due to Hypertension 30 yr.

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations _____

Of autopsy _____

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) (c) Means of injury _____

23. Signature AB Norton (M. D. or other) _____

Address Hannibal Mo Date signed 7-9-43

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

RECEIVED

District Health Officer No. 10

District File Number 9-43-1586

Date Recd SEP 16 1948

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 Ray P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 177 Broadway, Manhattan, N.Y.

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.