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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7943

State File No. _____

FILED MAR 10 1944

Registration District No. 213

Primary Registration District No. 4404

Registrar's No. 16

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Perrot ~~Perrot~~ Altenburg

(c) Name of hospital or institution in City of Altenburg, Mo.
(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 time years, months or days)

3. (a) PRINT FULL NAME Ernest Theodor Seeman

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years (Month) (Day) (Year)

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

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>2</u>	<u>13</u>	_____ hr. _____ min.

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

10. Usual occupation laborer

11. Industry or business Farm.

MOTHER FATHER {

12. Name Andrew John Seemann

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

14. Maiden name Johanna Grother

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

16. (a) Informant Albert Seemann

(b) Address Altenburg Mo. 11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-24-1944 (Month) (Day) (Year)

(c) Place: burial or cremation Altenburg Mo

18. (a) Signature of funeral director Reszultlicher & Rutz

(b) Address Pocahontas Mo.

19. (a) 2-23-44 (Date received local registrar) (b) Thos. J. Elder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry

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

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

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th year 1944 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from June 7 1943 to February 20 1944 that I last saw him alive on February 19 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____

Due to _____

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

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) (e) Means of injury ?

23. Signature Theodore Fisher (M. D. or other) M.D.

Address Altenburg Mo Date signed 2-21-44

RECEIVED

District Health Officer No. 4
District File Number 344-3550
Date Filed 3-9-44

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

BA Meyer
.....
Licensed Embalmer No. 3051

P. O. Address Jackson M

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSTHE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 273Primary Registration District No. 4404

1. PLACE OF DEATH:

- (a) County Perry
 (b) City or town Atterburg
(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 _____
years, months or days)

3. (a) PRINT
FULL NAMEErnest J. Seeman3. (b) If veteran,
name war _____3. (c) Social Security
No. _____4. Sex M5. Color or
race W6. (a) Single, widowed, married,
divorced W

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if
alive _____ years7. Birth date of deceased See(Month)(Day)(Year)

8. AGE:

Years

Months

Days

If less than one day

min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

13. Birthplace _____

(City, town, or county)(State or foreign country)

14. Maiden name _____

15. Birthplace _____

(City, town, or county)(State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____

(Burial, cremation, or removal)

(b) Date thereof _____

(Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____

(b) _____

(Date received local registrar)(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 10
year 1944 hour _____ minute _____ M.21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(e) Means of injury _____

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

Address _____ Date signed _____

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

FILED MAR 13 1944

FILE

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