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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15183

State File No.

Registration District No. 790 Primary Registration District No. 4310 Registrar's No.

1. PLACE OF DEATH:

(a) County Macon

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

(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 ✓ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Macon 61 1

(c) City or town Bevier (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 ✓ 0

3. (a) PRINT FULL NAME George Seify

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 Widowed

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 6 (Month) 15 (Day) 1869 (Year)

8. AGE:

Years	Months	Days	If less than one day
74	10	11	✓ hr. ✓ min.

9. Birthplace ✓ (City, town, or county) Syria 8 (State or foreign country)

10. Usual occupation Merchant

11. Industry or business ✓

FATHER

12. Name Abraham Seify

13. Birthplace (City, town, or county) Syria 8 (State or foreign country)

MOTHER

14. Maiden name Unknown

15. Birthplace (City, town, or county) Syria 8 (State or foreign country)

16. (a) Informant Mrs. Robt Stewart

(b) Address Bevier Mo.

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

(c) Place: burial or cremation St. Charles Cemetery

18. (a) Signature of funeral director W. G. Edwards

(b) Address Bevier, Mo

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 26 year 1944 hour 2 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1942, 19, to Apr 26 1944, 19; that I last saw him alive on 4-25, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-Vascular disease — Duration 20 mos years

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

93d

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 R. Conway (M. D. or other)

Address Macon Mo Date signed 5-2-44

1299

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 5-44-867
Date Filed MAY 5 1944

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 H. G. Edwards

Licensed Embalmer No. 1961

P. O. Address 73 [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.