

17329

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

BUREAU OF THE CENSUS
FILED MAY 28 1944Registrar's No. 35Registration District No. 11Primary Registration District No. 5041

1. PLACE OF DEATH:

- (a) County Barnes
 (b) City or town Cassville, Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 4 Firstbrook Farm
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4
 (Specify whether years, months or days) In this community About 70 years.

3. (a) PRINT FULL NAME Fred Siles

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

4. Sex MO 5. Color or race W. 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 June, 18-1869
(Month) (Day) (Year)8. AGE: Years 74 Months 9 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation Tractor Special Agent11. Industry or business ✓12. Name James C. Siles13. Birthplace Ky. (City, town, or county) _____ (State or foreign country)14. Maiden name Mary Ann Seyer15. Birthplace Ky. (City, town, or county) _____ (State or foreign country)16. (a) Informant Mrs. Helen Henderson(b) Address Cassville, Mo.17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 4 44
(Month) (Day) (Year)(c) Place: burial or cremation Cassville, Center18. (a) Signature of funeral director G. H. Blansett(b) Address Monett, Mo.19. (a) May 4-1944 (Date received by registrar) Grace Williams (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Barnes 5
 (c) City or town Cassville, Rural
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. ✓ (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country ✓ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20,
year 1944, hour _____ minute _____ M.21. I hereby certify that I attended the deceased from Oct. 1943 to April 28 1944
that I last saw him alive on April 28, 1944
and that death occurred on the date and hour stated above.Immediate cause of death apoplexy

Due to _____

Due to _____

Other conditions. _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations: 830

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) _____
(b) Means of injury _____23. Signature Hennrich Dalger, M.D. (b) Date signed May 2
Address Cassville, Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 6,

District File Number 544-432

Date Filed 11/24/44

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 R. H. Blauenship

Licensed Embalmer No. 2397

P. O. Address Monett, 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.