

S. No. 2  
M-3-43  
5-17-39

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27073

FILED SEP 10/1944

Primary Registration District No. 3000

Registrar's No. 210

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

1. PLACE OF DEATH:

(a) County ADAIR  
(b) City or town KIRKSVILLE MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: COMMUNITY HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution ONE DAY (Specify whether  
In this community 26 YEARS (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME FRED SIEDT SR

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife ELIZABETH SIEDT 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased OCT 31 1857  
(Month) (Day) (Year)

8. AGE: Years 86 Months 9 Days 6 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mr. Fred Siedt Sr.

(b) Address Brusher Mo.

17. (a) burial (b) Date thereof Aug 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Local Home

18. (a) Signature of funeral director F. P. Casley

(b) Address Brusher Mo.

19. (a) 8-9-44 (b) Mrs. J. Wagoner  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 7  
year 1944 hour 10 minute 40 A.M.

21. I hereby certify that I attended the deceased from Aug 6  
1944 to Aug 7 1944  
that I last saw him alive on Aug 7 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Failure Duration 20 hours

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 950  
(Include pregnancy within 3 months of death)

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?

(Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature M.T. Suterbach (M.D. or other) D.O.  
Address Kirkville, Mo. Date signed 8-7-44

1044 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 10

District File Number 9-44-1515

Date Recd SEP 7 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 Geo B Eankipf

Licensed Embalmer No. 3755

P. O. Address Hurdland Mrs

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.