

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

BUREAU OF THE CENSUS  
FILED SEP 8 1944

Registration District No. 188

Primary Registration District No. 5700

Registrar's No. 9

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

1. PLACE OF DEATH:

(a) County Livingston

(b) City or town Chillicothe Grand River Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Grand River near Bedford  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2  
(Specify whether years, months or days)

In this community All Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Livingston

(c) City or town Wheeling Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. Route # 2  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Franklin Rudolph Seidel

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2<sup>nd</sup>  
year 1944 hour 5 minute XX M.

21. I hereby certify that I attended the deceased from hour \_\_\_\_\_, 19\_\_\_\_, to hour \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on hour \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: Nov (Month) 22 (Day) 1909 (Year)

Immediate cause of death: drowned in Grand River

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

Due to accident - He became exhausted while swimming

8. AGE: Years 34 Months 8 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Other conditions (Include pregnancy within 3 months of death) 183.3

May findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

9. Birthplace Wheeling Liv Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

12. Name Joseph Seidel

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

14. Maiden name Mary M. Seidel

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

16. (a) Informant Louise Seidel

(b) Address Chillicothe Mo.

17. (a) Burial (b) Date thereof Aug 6 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Catholic cem. Chillicothe

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 8-2-1944

(c) Where did injury occur? near Bedford Livingston Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place

18. (a) Signature of funeral director Smiley Funeral Home

(b) Address Wheeling Mo

19. (a) Aug 4 1944 (b) Mrs. W. D. Fullerton  
(Date registered local registrar) (Registrar's signature)

While at work? ✓ (Specify type of place)

(e) Means of injury Coroner

23. Signature John G. Gurney (M. D. or other) 3

Address Chillicothe Mo. Date signed 8-3-1944

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**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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Phillips the 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.**