

FILED FEB 13 1945

Registration District No. 347

Primary Registration District No. 6171

3791

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Stone
(b) City or town Rural Ponce de Leon Twp
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community about 50 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Stone
(c) City or town Rural Ponce de Leon Twp
(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

Eddie Henry Siesser

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16
year 1945 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from at death
Jan 16, 1945,
that I last saw him alive on Jan 16, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Block Duration _____

Due to Diapirical Condition 2 yr

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 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? _____

(e) Means of injury _____

23. Signature Ereth J. Cheatham (M.D. or other) _____
Address _____ Date signed 1-18-45

8. AGE: Years 52 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Ponce de Leon Stone Co.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Charles Siesser

13. Birthplace near Ponce de Leon
(City, town, or county) (State or foreign country)

14. Maiden name Maggie Wilson

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

16. (a) Informant W. H. Siesser

(b) Address Galena, Mo

17. (a) Burial (b) Date thereof Jan 17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ponce de Leon

18. (a) Signature of funeral director Ereth J. Cheatham

(b) Address Galena, Mo

19. (a) Jan 18-45 (b) Gladys Cheatham
(Date received local registrar) (Registrar's signature)

1172

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER: FATHER:

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 Everett J. Cheatham
Licensed Embalmer No. 3870
P. O. Address Halena, 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.