

FILED MAR 6 1945

Registration District No. 207

Primary Registration District No. 3043

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Maxion  
(b) City or town Harrison  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Mainland Heights  
(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 Maxion  
(c) City or town Harrison  
(If outside city or town limits, write "RURAL")  
(d) Street No. Mainland Heights  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Leonard Sebeks

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

7. Birth date of deceased June 16, 1872  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 6 22 hr. min.

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

10. Usual occupation laborer

11. Industry or business

12. Name Fredrick Sebeks  
13. Birthplace Barry ILL  
(City, town, or county) (State or foreign country)  
14. Maiden name Rebecca Mason  
15. Birthplace ILL  
(City, town, or county) (State or foreign country)

16. (a) Informant Elsie Sebeks

(b) Address Mainland Heights, Hamilton MO

17. (a) Burial (b) Date thereof Jan 12-1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT Olivet Cem

18. (a) Signature of funeral director James O'Connell

(b) Address Harrison, Mo

19. (a) Jan 17-45 (b) R. H. Common  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7th  
year 1945 hour \_\_\_\_\_ minute 2:15 A.M.

21. I hereby certify that I attended the deceased from 6-7-44  
\_\_\_\_\_, 19\_\_\_\_, to Jan 7, 1945  
that I last saw him alive on Jan 7, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch myocardite

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

Other conditions Ch nephritis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration  
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 \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other)  
Date signed 1-17-45

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

64  
3  
4

**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 Michael J. O'Hanlon

Licensed Embalmer No. 3246

P. O. Address Hannibal 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.**