

FILED JUN 16 1945

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Ralls
(b) City or town Rural - Landon township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 1

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 32 years
years, months or days

3. (a) PRINT FULL NAME Mary Seckar

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

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

6. (b) Name of husband or wife Steve Seckar 6. (c) Age of husband or wife if alive, _____ years

7. Birth date of deceased April 5 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 1 5 _____ hr. _____ min.

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

10. Usual occupation housewife

11. Industry or business _____

12. Name George Rell

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

14. Maiden name Anna Rell

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

16. (a) Informant George Rell

(b) Address R. R. #2, New London, Mo.

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

(c) Place: burial or cremation Riverside Cemetery

18. (a) Signature of funeral director Ray P. Schwartz

(b) Address 100 Edway, Hannibal, Mo.

19. (a) 5-20-45 (b) RS. BERKING
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls #1
(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Landon township (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10
year 1945 hour 11 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1945 to May 10 1945
that I last saw him alive on _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of stomach
in liver

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations as above

Of autopsy not

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 M. T. Taylor (M. D. or other) _____

Address Hannibal, Mo. Date signed _____

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

RECEIVED

District Health Officer No. 10

District File Number 7-45-1051

Date Filed JUL 12 1945

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

Licensed Embalmer No. 4120

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.