

S. No. 2
 M-8-43
 v. 5-17-39
 I X37823

27165

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
 THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____
 Registrar's No. 49

Registration District No. 75
 Primary Registration District No. 3015

1. PLACE OF DEATH:
 (a) County CLINTON
 (b) City or town CAMERON
 (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)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community _____ years, months or days) 15 yrs.

2. USUAL RESIDENCE OF DECEASED:
 (a) State MISSOURI (b) County CLINTON
 (c) City or town CAMERON
 (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 George Kost Sievers
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 1st
 year 1945 hour 10: minute A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife Delia Sievers 6. (c) Age of husband or wife if alive 65 years
 7. Birth date of deceased JUNE 5 - 1875
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 1 Days 26 If less than one day _____ hr. _____ min.

Immediate cause of death Angina Pectoris Duration 2 yrs.

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

Due to _____
 Due to _____

10. Usual occupation farmer

Other conditions Chronic myocarditis
 (Include pregnancy within 3 months of death)

11. Industry or business _____

Major findings:
 Of operations _____
 Of autopsy 940

12. Name George Sievers
 13. Birthplace Virginia (State or foreign country)

14. Maiden name Magaret Hipalay
 15. Birthplace Fulton Co. - Delinois (State or foreign country)

16. (a) Informant Edith A. Sievers
 (b) Address 110 1/2 E. 3rd Cameron Mo
 17. (a) BURIAL (b) Date thereof 8/3-45
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cathol
 18. (c) Signature of funeral director Edmond Camb
 (Address) Cathol Mo - CAMERON

19. (a) Aug 3, 1945 (Date received local registrar)
 (b) Mrs. Kathleen Harris (Registrar's signature)

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 Ed Temple 3rd Clinton
 Address Cameron Mo Date signed 8/3/45

PHYSICIAN
 Underline the cause to which death should be charged statistically.

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

1086

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

working under my personal supervision.

Registered Apprentice No. _____

Signed _____

Licensed Embalmer No. 25.33

P. O. Address _____

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.