

S. No. 2  
M-8-43  
7-5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8314**

**FILED** MAR 12 1946  
Registration District No. **304**

Primary Registration District No. **6237**

Registrar's No. **2**

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

1. PLACE OF DEATH:

(a) County Warren

(b) City or town Rural Hickory Grove  
(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 years, months or days)

In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Warren

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

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

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

3. (a) PRINT FULL NAME Matilda Louise Belhmer

3. (b) If veteran, name war /

3. (c) Social Security No. /

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9  
year 1946 hour 10:20 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 6, 1946, to Feb. 9, 1946  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife / 6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: Feb (Month) 6 (Day) 1873 (Year)

Immediate cause of death: Cerebral Thrombosis Duration 4 days

Due to Arteriosclerosis

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

8. AGE: Years 73 Months 0 Days 3 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

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

9. Birthplace Warren Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

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

12. Name Henry Seger

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

14. Maiden name Unknown

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

16. (a) Informant Julius Boesmer

(b) Address Wright City Mo

17. (a) Burial (b) Date thereof Feb 11-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or preparation Wright City Cem

18. (a) Signature of funeral director Wright City Mo

(b) Address Wright City Mo

19. (a) Feb. 10-46 (b) Mrs. F. W. Hughes  
(Date received local registrar) (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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 2nd floor

23. Signature Alvin W. Mackin (M. D. or other) M.D.  
Address Warrenton Mo Date signed 2/19/46

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 9 1946

**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 Julius J. Nieburg  
Licensed Embalmer No. 3366  
P. O. Address Wright City 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.**