

FILED JAN 20 1947  
Registration District No. 22

Primary Registration District No. 5723

Registrar's No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County Monticau

(b) City or town Jonestown Mo.  
(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 \_\_\_\_\_  
In this community all her life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(c) City or town Jonestown Mo. City  
(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 Mrs. Sophia Caroline Seitz

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 10 year 1947 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from May 2 1946 to Jan 10 1947  
that I last saw her alive on Jan 10 1947  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Jacob Seitz

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased April 2  
(Month) (Day) (Year)

Immediate cause of death Coronary Thrombosis

Due to Hypertension

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

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

8. AGE: Years 74 Months 7 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

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

12. Name Jacob Schwab 5

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

14. Maiden name Elyzabetha Margareta Knapp

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

Major findings: Of operations 94A

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

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

16. (a) Informant Mrs. Walter W. Less  
(b) Address California Mo.

17. (a) Burial (b) Date thereof 1-12-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evans Cemetery

18. (a) Signature of funeral director Chas E. Hillrich  
(b) Address Jonestown Mo.

19. (a) Jan 11 - 1947 (b) Yada M. Suaw  
(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? 9

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. J. Bacon (M. D. or other) D.D.  
Address California, MO Date signed 1/19/47

RECEIVED  
District Health Officer No. 8  
District File Number  
Date Filed 1-17-47

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 Hugh C. Williams  
Licensed Embalmer No. 9537  
P. O. Address California Mrs

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.