

S. No. 2  
M-5-43  
. 5-17-39  
> 1 X3667

FILED OCT 13 1947

3048

Registration District No. **25** Primary Registration District No. **3048**

**1. PLACE OF DEATH:**  
(a) County Nodaway  
(b) City or town Maryville, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
ST. FRANCIS HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 day (Specify whether  
In this community 15 years (Specify whether  
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State MISSOURI (b) County Nodaway  
(c) City or town MARYVILLE  
(If outside city or town limits, write "RURAL")  
(d) Street No. 421 WEST 7th  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country NONE

**3. (a) PRINT FULL NAME** MISS MARIE SEEVERS  
**3. (b) If veteran,** name war XX  
**3. (c) Social Security** No. None

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Sept. day 22d  
year 1947 hour 2:00 minute P/ M.  
**21. I hereby certify that I attended the deceased from** Sept 21  
1947, to Sept 22 1947;  
that I last saw her alive on Sept 22 1947;  
and that death occurred on the date and hour stated above.

**4. Sex** Fe **5. Color or race** Wh  
**6. (a) Single, widowed, married, divorced** sgl  
**6. (c) Age of husband or wife if alive** XX years  
**7. Birth date of deceased** May 18 1875  
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage **Duration** 1 day

**8. AGE:** Years Months Days If less than one day  
72 4 4 — hr. — min.

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

**9. Birthplace** Bremen Germany  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** At Home

Other conditions (Include pregnancy within 3 months of death)  
Major findings: 837

MOTHER FATHER

**11. Industry or business** None  
**12. Name** John H. SeEVERS  
**13. Birthplace** Germany  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Helene Wendt  
**15. Birthplace** Germany  
(City, town, or county) (State or foreign country)

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
Underline the cause to which death should be charged statistically.

**16. (a) Informant** Mrs. Louise Helm  
**(b) Address** 4902 Woodland  
**17. (a)** Burial **(b) Date thereof** 9-24-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Forest Hill  
**18. (a) Signature of funeral director** J. Wagner  
**(b) Address** Kansas City, Mo.  
**19. (a)** 9-22-47 **(b)** Bess Holt  
(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 \_\_\_\_\_  
**23. Signature** B. E. A. ... (M. D. or other) M.D.  
Mary Hellebus Date signed 9/23/47

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

DISTRICT HEALTH OFFICE  
Cameron, Mo.

---

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 Clay M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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.