S. No. 2
M—1/47
v. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 17 1947

Registration District No. 43

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3007

State File No. 41015

Registrar's No. 415

1. PLACE OF DEATH:
(a) County Butler
(b) City or town Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1305 Mill St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 25 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Butler
(c) City or town Poplar Bluff
(If outside city or town limits, write "RURAL")
(d) Street No. 1305 Mill St
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Mary Seesengood
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Fem.
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anton A. Seesengood
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased Aug 26, 1879 (Month) (Day) (Year)

8. AGE: Years 68 Months 3 Days 6 If less than one day ..... hr. ..... min.

9. Birthplace Stringtown, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name Henry Ochs
13. Birthplace Stringtown, Illinois (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Catherine Dillenger
15. Birthplace — Germany (City, town, or county) (State or foreign country)
16. (a) Informant Anton Seesengood
(b) Address Poplar Bluff, Mo
17. (a) ~~12-4-47~~ Burial (Burial, cremation, or removal) (b) Date thereof 12-4-47 (Month) (Day) (Year)
(c) Place: burial or cremation Catholic - Poplar Bluff, Mo
18. (a) Signature of funeral director Frank Cotrell
(b) Address Poplar Bluff, Mo
19. (a) 12-6-47 (Date received local registrar) (b) R H Minetree (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1947 hour 11:27 minute A. M.
21. I hereby certify that I attended the deceased from ~~Dec~~ Nov 26, 1947, to Dec 2, 1947
that I last saw her alive on Dec 2, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiation
Due to Cardiac Failure
Due to Cardiac - Hypertension disease
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury A
23. Signature A D Markel MD (M. D. or other)
Address Poplar Bluff Mo Date signed 12-5-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1247-1608
Date Filed 12-15-47

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 Grover W Green

Licensed Embalmer No. 2964

P. O. Address Poplar Bluff 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.