

FILED APR 27 1948

Registration District No. 77

Primary Registration District No. 5305

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

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Rural Liberty Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution R.R. #3 Jefferson City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

3. (a) PRINT FULL NAME SOPHIA SIEVE

3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony Sieve 6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased April 12, 1871
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 9 If less than one day hr. _____ min. _____

9. Birthplace Toos, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business _____

12. Name Peter J. Sieck 4

13. Birthplace Belgium (City, town, or county) (State or foreign country) 4

14. Maiden name Bekie 4

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Anthony Sieve

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 4/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph's Mo.

18. (a) Signature of funeral director James J. Sullivan

(b) Address Jefferson City, Mo.

19. (a) 4-23-48 (b) R. P. Harris MD
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town R.R. #3 Jefferson City 0
(If outside city or town limits, write "RURAL")
(d) Street No. Liberty Township 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1948 hour 11 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 10, 1947, to April 21, 1948.
that I last saw him alive on April 3, 1948.
and that death occurred on the date and hour stated above.

Immediate cause of death Rheumatic heart disease Duration 3 years
Due to Congestive heart failure 2 wks.

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations ASB
Of autopsy _____
PHYSICIAN _____
Underline the cause to 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 0

23. Signature T. Kanagawa (M. D. or other)
Address 1221 S. Bellvue Bldg Date signed 4/24/48

APR 26 1948

File Number

District Health Officer No. 9.

JUL 2 1948

RECEIVED

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 Sylvester Kulle

Licensed Embalmer No. 4321

P. O. Address Jefferson 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.