

FILED JUN 1 1948

Registration District No. 7

Primary Registration District No. 3025

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Howell

(b) City or town West Plains
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: West Plains Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 hrs.
(Specify whether years, months or days)

In this community 18 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town West Plains
(If outside city or town limits, write "RURAL")

(d) Street No. 302 Garfield
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harlett Well Siebert

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 5
year 1948 hour 8 minute 45P M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife John Siebert

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

7. Birth date of deceased 2-2-1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2/5 1948 to 2/5 1948
that I last saw him alive on 2/5 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months Days If less than one day hr. min.

Immediate cause of death: Cerebral apoplexy

Due to: Diabetes mellitus

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

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

10. Usual occupation Housewife

Major findings:

Of operations:

Of autopsy:

PHYSICIAN:
Underline the cause of which death should be charged statistically.

MOTHER FATHER

11. Industry or business

12. Name W. H. Wells

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

14. Maiden name Maggie Bacon

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

16. (a) Informant C. J. Wells

(b) Address Thayer, Missouri

17. (a) B (b) Date thereof 2-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Lawn Cemetery

18. (a) Signature of funeral director Robertsons

(b) Address West Plains, Missouri

19. (a) May 11 - 48 (b) Beatrice Cook
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address West Plains, Mo Date signed

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

6
1
1

46
1
1
0

Duration

30 hrs
3 47

61

 (M. D. or other)
 Date signed

RECEIVED - 5-11-48
District Health Officer No. 8
District File Number 5-48337
Date 5-27-48

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 _____

R J D Rago

Registered Apprentice No. 432

working under my personal supervision.

Signed

J S Roberts

Licensed Embalmer No. 3432

P. O. Address

West Plains, 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.