

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 126

Primary Registration District No. 4069

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Gordonville Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 5 1/2

3. (a) PRINT FULL NAME Anna Wilhelmina SIEMENS
8. (b) If veteran, name war _____
8. (c) Social Security No. non

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 17, 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 29
If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name Charles Russ
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Not known
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Eusee Reastner
(b) Address Gordonville Mo

17. (a) Burial (b) Date thereof Aug 17, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Gordonville Cemetery

18. (a) Signature of funeral director M. J. Lombardo
(b) Address San Antonio Mo
19. (a) Aug 17 (b) M. W. Ford
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Cape Girardeau
(c) City or town Gordonville Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug. day 10-TH
year 1940 hour 6:30 minute _____ M.
21. I hereby certify that I attended the deceased from Feb 12-
1940, to Aug 10, 1940
that I last saw her alive on July 14- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis
vs. myocarditis chronic
Duration 6 mo

Due to _____
Due to 92C
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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?
127 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature W. W. Ford (M. D. or other) _____
Address Gordonville Mo Date signed 8/17/40

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..... *B. A. Meyer*

Licensed Embalmer No. *3057*

P. O. Address *Jacksonville*

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, above space should be left blank.