

JAN 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

442630  
Do not use this space.

1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124  
(b) Township Jackson Primary Registration District No. 4070  
(c) City Jackson (d) Street No. \_\_\_\_\_ Registered No. 43  
(e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME George Frederick Siemers

(a) Residence, No. Jackson, Mo St.  (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Amelunke Siemers

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 21, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
79 0 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired merchant  
9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Gordonville, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Louis Siemers

14. BIRTHPLACE (CITY OR TOWN) Cape Gir. County Mo. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Charlotte Grassheider

16. BIRTHPLACE (CITY OR TOWN) Cape Gir. County Mo. (STATE OR COUNTRY)

17. INFORMANT Mrs. Glenn Wilson (ADDRESS) Jackson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gordonville, Mo DATE Dec. 19 1938

19. FUNERAL DIRECTOR (NAME) Maude Wilson - Staller (ADDRESS) Jackson, Mo.

20. FILED 12220 1938 J. G. Stibert Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-17-1938

22. I HEREBY CERTIFY, that I attended deceased from Feb 26 1938, to Dec 17 1938

I last saw him alive on Dec 16 1938. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and related causes of importance were as follows:

Progressive Paralysis Date of onset 1937  
82A  
Other contributory causes of importance: Older Schrosis 1935

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify \_\_\_\_\_ (Signed) G. R. Johnson, M. D.

(Address) Jackson Mo

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.

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**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

*Glenn Wilson*

Licensed Embalmer No. *2828*

P. O. Address *JACKSON 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, above space should be left blank.**