

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2103

Registration District No. 134

Primary Registration District No. 4070

State File No. _____
Registrar's No. 6

1. PLACE OF DEATH:
(a) County Cape Girardeau
(b) City or town Jackson
(c) Name of hospital or institution: 1
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Elizabeth (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mary A Siemeks
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife George F Siemeks 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February 28 1867
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 7 If less than one day hr. _____ min.

9. Birthplace Scott Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Henry Bucholtz
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Katie Eifert
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ella Melson
(b) Address Jackson Mo

17. (a) Burial (b) Date thereof Feb 7 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gardenville Mo

18. (a) Signature of funeral director Wilson-Statter-Seaborn
(b) Address Jackson Mo

19. (a) 2-6-41 (b) D. G. Statter
(Date received local registrar) ((Registrar's signature))

2. USUAL RESIDENCE OF DECEASED: 16
(a) State MISSOURI (b) County Cape Girardeau
(c) City or town Jackson 1
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4
year 1941 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1940 to Feb 4, 1941;
that I last saw her alive on Feb 3, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death arterio sclerosis 1
Due to _____ 18
Due to _____ 18

Other conditions myo carditis 18
(Include pregnancy within 3 months of death) 18
Major findings: v
Of operations _____
Of autopsy v

Duration _____
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? 120
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. G. Statter (M. D. or other) _____
Address Jackson Mo Date signed 2-7-41

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.

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..... *2878*

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.