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.

REC'D JUN 17 1938

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

17642
Do not use this space.

1. PLACE OF DEATH
(a) County Bates — Registration District No. 53
(b) Township — Primary Registration District No. 9005 — Registered No. 27
(c) City Rich Hill — (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 52 yrs. 10 mos. 21 ds.

2. PRINT FULL NAME Teresia Backer Seitz 320
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: John Seitz
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr-24-1854
7. AGE: YEARS 84 — MONTHS 1 — DAYS 1 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: at Home
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) (STATE OR COUNTRY): Austria
FATHER
13. NAME: George Backer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria
MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Austria
17. INFORMANT (ADDRESS): John Seitz, Rich Hill Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Catholic Cemetery DATE May-27 1938
19. FUNERAL DIRECTOR (ADDRESS): Pond & Readley, Rich Hill Mo.
20. FILED May 27, 1938 [signature] Local Registrar. 56

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug 19, 1937, to May 24, 1938
I last saw her alive on May 28, 1938. Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Hypertension
Date of onset
Other contributory causes of importance: 93 C
Name of operation ..... Date of .....
What test confirmed diagnosis? [signature] Was there an autopsy? .....
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) [signature], M. D.
(Address) Rich Hill Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)