

No. 2
1-10-39
17-39
K21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43389

JAN 21 1940
Registration District No. 649

Primary Registration District No. 6286

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Osborne Noble Rural

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

(c) Name of hospital or institution:
(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 2

3. (a) PRINT FULL NAME Ona I. Sievert

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Adeline Sievert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct. 1868
(Month) (Day) (Year)

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

71	7	25	hr. _____ min.
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9. Birthplace Nottinshill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name John Sievert

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

14. Maiden name Unknown

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

16. (a) Informant M. A. Sievert
(b) Address Noble, Missouri

17. (a) Burial (b) Date thereof 6-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Piland

18. (a) Signature of funeral director _____ 581

(b) Address _____

19. (a) Jan 2, 1940 (b) Hattie G. Davis
(Date received local final order) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ozark

(c) City or town Noble Rural
(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 June day 14
year 1940 hour 6 minute 30 PM.

21. I hereby certify that I attended the deceased from May 5th
1932 to June 14th 1940
that I last saw him alive on June 13th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy

Due to High Blood Pressure
Chronic Constipation

Other conditions (include pregnancy within 3 months of death) gfw

Major findings: Of operations _____

Of autopsy _____

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? _____

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

23. Signature F. C. Meyer (M. D. or other) _____
Address Thornfield Mo Date signed _____

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

RECEIVED

District Health Officer No. 6,

District File Number 141-141

Date Filed JAN 14 1941

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.....

Licensed Embalmer No.

P. O. Address.....

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.