FILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15102

Registration District No. 516 Primary Registration District No. 5688 Registrar's No.

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

1. PLACE OF DEATH:
(a) County McDonald
(b) City or town Rural - Anderson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Anderson Mo RFD #3
(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. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County McDonald
(c) City or town Anderson Mo
(If outside city or town limits, write "RURAL")
(d) Street No. RFD #3 0
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Cealey O'Brien
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife ✓
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Nov (Month) 25 (Day) - 1876 (Year)

8. AGE: Years	Months	Days	If less than one day
64	4	10	hr. min.

9. Birthplace ..... (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business ✓
FATHER
12. Name Henry Sievers
13. Birthplace ..... (City, town, or county) Unknown (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Bart O'Brien
(b) Address Anderson Mo Rt 3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-6-41 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Anderson Mo
18. (a) Signature of funeral director Chas W Williams
(b) Address Goodman Mo.
19. (a) ..... (Date received local registrar) (b) Mrs Lee Harper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1941 hour 3 minute 10 A M.
21. I hereby certify that I attended the deceased from Mch 1st 1941 to Apr. 4 1941
that I last saw her alive on April 4 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetic Coma	15 hrs
Due to Diabetis	
Due to	
Other conditions Diabetic Gangrene (Include pregnancy within 3 months of death)	

Major findings:
Of operations Amputation of left leg
Of autopsy ✓

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? 463 (Specify type of place)
While at work? ✓ (e) Means of injury ✓
23. Signature J T Fuckerson (M. D. or other)
Address Anderson Mo Date signed 4/10/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 541-714
Date Filed MAY 7 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.