

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 25823

AUG 11 1941

Registration District No. 668Primary Registration District No. 5891Registrar's No. 242

1. PLACE OF DEATH:

(a) County Pettis Flat Creek Twp
(b) City or town Spring Fork Rural
(If outside city or town limits, write "RURAL" and name of township)(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)(d) Length of stay: In hospital or institution 83 Years (Specify whether years, months or days)In this community 83 Years (Specify whether years, months or days)3. (a) PRINT FULL NAME Mrs Elizabeth Seifner3. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, widowed6. (b) Name of husband or wife Peter Seifner 6. (c) Age of husband or wife if alive years7. Birth date of deceased September 14th 1867
(Month) (Day) (Year)8. AGE: 83 Years Months 10 Days 11 If less than one day hr. min.9. Birthplace Bebra, Morgan County Missouri
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business

12. Name John Reusch
13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Anna Maria Rein
15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs John Reusch
(b) Address Spring Fork Mo17. (a) Burial (b) Date thereof July 29, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bahner Cemetery18. (a) Signature of funeral director E. E. Holtzen
(b) Address Cole Camp Mo19. (a) Aug 2, 1941 (b) Mrs Harry Sued
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis(c) City or town Spring Fork 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. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1941 hour 5 minute 5 P. M.21. I hereby certify that I attended the deceased from March 10, 1941, to July, 1941;
that I last saw her alive on July, 1941;
and that death occurred on the date and hour stated above.Immediate cause of death Apoplexy Duration _____Due to Artero SclerosisDue to Demility (Dementia)Other conditions None
(Include pregnancy within 3 months of death)Major findings: None Of operations _____

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? _____

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

23. Signature E. E. Holtzen (M. D. or other) D
Address Smithton Mo Date signed July 28 1941

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-6-8

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.