

W.L. FILED NOV 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 34738

Registration District No. 17

Primary Registration District No. 5077

Registrar's No.

1. PLACE OF DEATH:

(a) County... Cole
(b) City or town... Rural #1, Lohman, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #1, Lohman, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community... 71 years
years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State... Missouri (b) County... Cole
(c) City or town... Rural
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12, 1941
year 1941 hour..... minute 6 P. M.
21. I hereby certify that I attended the deceased from Sep 1, 1941 to Oct. 12, 1941
that I last saw her alive on Oct. 12, 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULL NAME Mrs. Henrietta Seidel

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 widow

6. (b) Name of husband or wife John Seidel 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased May 12 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>5</u>	 hr. min.

9. Birthplace Osage Bluff, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business "

12. Name Carl Frisch

13. Birthplace Not Known
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Engelbrecht

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

16. (a) Informant Hadley Seidel

(b) Address R.F.D. #1, Lohman, Missouri

17. (a) Burial (b) Date thereof Oct-14-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Springtown, Mo. Cem

18. (a) Signature of funeral director Thorpe J. Jordan

(b) Address Jefferson City, Mo.

19. (a) 10-21-41 (b) Mrs. E. W. Plummer
(Date received local registrar) (Registrar's signature)

Immediate cause of death.....

Chronic Myocarditis
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: 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 Walter L. Seale M.D. (M.D. or other)
Address Russellville, Mo. Date Oct 12, 41

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

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

Joseph J. Gordon
Licensed Embalmer No. *1786*
P. O. Address *Jefferson City, 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, fact should be so stated above.