

S. No. 2
I-14-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 5 1942

Registration District No. 274

Primary Registration District No. 5955

Registrar's No. 343

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: six miles south on Highway 65
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution lifetime (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town: Sedalia Rural
(If outside city or town limits, write "RURAL")

(d) Street No. six miles south on Highway 65
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: _____

3. (a) PRINT FULL NAME Sandra Sue Seigel

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: October 19, 1934
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>7</u>	<u>11</u>	<u>25</u>	hr. min.

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

10. Usual occupation student

11. Industry or business _____

12. Name Vincent A. Seigel

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

14. Maiden name Dena M. Waterfield

15. Birthplace Howard County, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Vincent Seigel (father)

(b) Address Route 1, Sedalia, Mo.

17. (a) Burial (b) Date thereof Oct. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director [Signature]

(b) Address Sedalia, Mo.

19. (a) Oct. 16, 1942 (Date received local registrar)
(b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14 year 1942 hour 4:30 minute 30 M.

21. I hereby certify that I attended the deceased from Oct 14, 1942 to _____ 19____; that I last saw alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Injuries received when struck by automobile neck broken arm + leg broken Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1700

Major findings: Of operations [Signature]

Of autopsy [Signature]

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) accident

(b) Date of occurrence 10-14-42

(c) Where did injury occur? Pettis Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public highway
(Specify type of place) (e) Means of injury Car

23. Signature [Signature] (M. D. or other)

Address Sedalia, Mo Date signed 10-16-42

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8,

File Number

11-4-42

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. 3847

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, fact should be so stated above.