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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 5 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3103

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Pettis

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

(c) Name of hospital or institution: O Bothwell
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 5 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 71

(a) State Mo (b) County Morgan

(c) City or town Rural (Lake Creek)
(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.? 1 years.

3. (a) PRINT FULL NAME FREDRICK SIEGLE

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Ellen

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

7. Birth date of deceased Feb (Month) 6 (Day) 65 (Year)

8. AGE: Years 77 Months 11 Days 17 If less than one day hr. min.

9. Birthplace Morgan Co (City, town, or county) O (State or foreign country)

10. Usual occupation Retired farmer

11. Industry or business

FATHER
12. Name Peter Siegel
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Mortgen
15. Birthplace Germany 4 (City, town, or county) (State or foreign country)

16. (a) Informant Ami Siegel
(b) Address Florence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1 (Month) 25 (Day) 43 (Year)
(c) Place: burial or cremation Lake Creek

18. (a) Signature of funeral director G. F. Hennegen
(b) Address Smithton Mo

19. (a) 1-26-43 (Date received local registrar) (b) Mrs Anna Berger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 23
year 1943 hour 1 minute 0 a M.

21. I hereby certify that I attended the deceased from Dec 10, 1942 to Jan 23, 1943
that I last saw him alive on Jan 22, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chron Myocarditis

Due to Chron Prostatitis

Due to Fract. Hip

Other conditions
(Include pregnancy within 3 months of death)

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) Accident 071
(b) Date of occurrence 12-10-43
(c) Where did injury occur? His Home (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
His home on farm (Specify type of place)
While at work Retired (e) Means of injury Fall

23. Signature E E Holtzen O (M. D. or other)
Address Smithton Mo Date signed 1/26/42

10 [illegible]

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-4-43

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 A. F. Neuenger

Licensed Embalmer No. 3912

P. O. Address Smithton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.