

ED AUG 10 1943 1974

Registration District No. _____

Primary Registration District No. 3035

Registrar's No. 58

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Lexington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 12th Grubbschian
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Lexington (If outside city or town limits, write "RURAL")
(d) Street No. 1128 F Randolph (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Elizabeth Seiling Egle

3. (b) If veteran, name war no 3. (c) Social Security No. _____

4. Sex Fe 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Aug. Egle 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased mar 17 1869 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Lexington (City, town, or county) mo (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER

12. Name Aug Seiling
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Lepper
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Leo Schwab

(b) Address Lexington, mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-13-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, mo

18. (a) Signature of funeral director Winkler

(b) Address Lexington, mo

19. (a) 8-5-43 (Date received local registrar) (b) Mrs. L. Schwab (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 12 year 1943 hour 11 minute _____ M.

21. I hereby certify that I attended the deceased from Call in official capacity as coroner that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Brain Injury
2) F. fractured skull
3) shock
Due to FA fall at Mt. Ferner

Due to Fall from 2nd story window
of her home

Other conditions 1860
(Include pregnancy within 3 months of death)

Major findings: Of operations no operation 18
Of autopsy no 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) accident

(b) Date of occurrence July 12 - 1943 25-4

(c) Where did injury occur? Lexington, mo (City or town) (County) (State)

(d) Did injury occur in or about home, or farm, in industrial place, in public place? at her home

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

23. Signature M. Martin (M. D. or other)

Address Adessa mo Date signed 7/14/43

1158

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

54
3
2

RECEIVED
District Health Officer No. 1
District File Number
Date Filed 9-9-43

AUG 25 1944

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 Garrist F. Purpel
Licensed Embalmer No. 3275
P. O. Address Livingston, 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.