

Registration District No. 58 Primary Registration District No. 5214

1. PLACE OF DEATH:

(a) County Carter  
(b) City or town Hunter Mo Rural  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Johnson Lungs  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 20 years (Specify whether In hospital or institution)  
In this community 20 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Siebel

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 married  
6. (b) Name of husband or wife Chas Siebel 6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Nov 29 1880  
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 4 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Jacob Dubiel  
13. Birthplace Poland  
14. Maiden name unknown  
15. Birthplace 9

16. (a) Informant Nattie Siebel

(b) Address Hunter

17. (a) Burial (b) Date thereof Dec 5 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hunter

18. (a) Signature of funeral director Seaton Pruitt

(b) Address Van Buren

19. (a) Dec 4 1940 ms J J Smith  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carter  
(c) City or town Hunter 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. 40 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3  
year 1943 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 10-12-43, 19\_\_\_\_, to 12-2-43, 19\_\_\_\_;  
that I last saw her alive on 12-2-43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death cardiac & respiratory failure.  
Due to arteriosclerosis Duration 4 weeks

Due to Carcinoma of uterus & Cirrhosis of liver. Physician H. S. B.

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: H S B  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 70

23. Signature Frank J. Rucinski (M. D. or other) D. O.  
Address Van Buren, Mo. Date signed 12-4-43

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

RECEIVED

District Health Officer No 5,

District File Number 14454

Date Filed 1. 11 - 44

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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 me

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Seaton Perwill

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.