

Registration District No. 230

Primary Registration District No. 4501

1. PLACE OF DEATH:
(a) County Stoddard
(b) City or town Bloomfield, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
In this community Years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Stoddard 103
(c) City or town Bloomfield
(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 _____

3. (a) PRINT FULL NAME JEWELL NADINE SIELERT
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 8th
year 1944 hour 1:00 minute A. M.
21. I hereby certify that I attended the deceased from May 1st
1944 to May 8 1944
that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Child
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 10, 1933
(Month) (Day) (Year)

Immediate cause of death
Cardiac decompensation
Due to mitral regurgitation
Due to Scarlet fever
Other conditions (Include pregnancy within 3 months of death)
92 f

8. AGE: Years Months Days If less than one day
11 3 28 hr. min.

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER
12. Name Carl P. Sielert
13. Birthplace Bloomfield, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Opal Temple
15. Birthplace Dexter, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Carl P. Sielert
(b) Address Bloomfield, Mo.

17. (a) Burial (b) Date thereof May 9-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bloomfield, Mo.

18. (a) Signature of funeral director Chiles Und. Co.
(b) Address Bloomfield, Mo.

19. (a) 2-20-44 (b) Pearl Colmore
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____
23. Signature G. Schaefer (M. D. or other) _____
Address Dexter Date signed 5/10/44

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

103
20

RECEIVED

District Health Office No. 2,

District File Number 644-836

Date Filed 6-8-44

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..... *No Embalming*

Licensed Embalmer No.....

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.