

FILED FEB 13 1945

Registration District No. _____

Primary Registration District No. **4310**

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Macon**
(c) City or town **Brewer**
(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 **George Seipy**

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

4. Sex **Male** 5. Color or race **wh**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Effie Seipy**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) **6-15** (Day) **1869** (Year)

8. AGE: Years **74** Months **10** Days **11** (If less than one day) hr. _____ min. _____

9. Birthplace **Syria, Russia** (City, town, or county) (State or foreign country)

10. Usual occupation **Merchant**

11. Industry or business _____

12. Name **Abraham Seipy**

13. Birthplace **Syria** (City, town, or county) (State or foreign country)

14. Maiden name **Ambron**

15. Birthplace **Syria** (City, town, or county) (State or foreign country)

16. (a) Informant **Kathleen Stuart**

(b) Address **Brewer Mo**

17. (a) **Burial** (b) Date thereof **4-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Charles Cem.**

18. (a) Signature of funeral director **H. S. Edwards**

(b) Address **Brewer, Mo.**

19. (a) **2-2-45** (b) **Minnie J. Rowle**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **26**
year **1944** hour **2** minute **20 P.M.**

21. I hereby certify that I attended the deceased from **April 1 1944**
to April 26 1944
that I last saw him alive on **Apr 25 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **2.5 days**

Due to **Cardio-vascular dis. with hypertension** 5 yrs

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **93d**
Of autopsy _____

Duration
2.5 days
5 yrs
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) _____

(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 **W. P. Snowdy** (M. D. or other) _____

Address **Macon Mo** Date signed **2-1-45**

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

MOTHER FATHER

1289

RECEIVED
Health Officer No. 10
2-45-265
FEB 1 1945

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 *W. G. Edwards*.....

Licensed Embalmer No. 1961.....

P. O. Address *B. Lewis 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.