

S. No. 2
M-2-43
7-5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

8896

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 77

Primary Registration District No. 5204

Registrar's No. 68

1. PLACE OF DEATH:

(a) County Cole
(b) City or town RURAL - - - Osage Twnshp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
R.F.D. #4, Jefferson City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1
(Specify whether years, months or days)
In this community 74 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.F.D. #4, Jefferson City, Mo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John F. Siebeneck

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Siebeneck 6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased December 13 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>22</u>	hr. _____ min.

9. Birthplace Cole County, Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Antone Siebeneck
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Catherine Meisel
15. Birthplace Cole County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Leona Spaw
(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Mar-8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wardsville Missouri

18. (a) Signature of funeral director Paul J. Gowan
(b) Address Jefferson City, Missouri

19. (a) 3-7-46 (b) R. J. Harris MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 7
year 1946 hour 4:00 minute 30 A.M.

21. I hereby certify that I attended the deceased from March 1, 1946 to March 7, 1946
that I last saw him alive on March 7, 1946 and that death occurred on the date and hour stated above

Immediate cause of death Ch. valvular heart disease

Due to Hypertension

Due to _____

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

Major findings: 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 _____

23. Signature Rear Adm. J. D. ... (M. D. or other) MD
Address Jefferson City Date signed 3-7-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6

7825

FILED MAR 13 1946

RECEIVED
District Health Officer No. 9
District File Number.....
Date Filed 3-12-46

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 Frank P. Dulle
Licensed Embalmer No. 3890
P. O. Address Jeff City 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.