S. No. 2
M—8-43
. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 14 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17125

Registration District No. 170 Primary Registration District No. 3033 Registrar's No.

1. PLACE OF DEATH:
(a) County LACLEDE
(b) City or town LEBANON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: WALLACE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 DAYS (Specify whether years, months or days)
In this community 2 DAYS

2. USUAL RESIDENCE OF DEACESED:
(a) State MO (b) County LACLEDE
(c) City or town RURAL (If outside city or town limits, write "RURAL")
(d) Street No. R. 5 LEBANON (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME HANS JURGEN SIEBKEN
3. (b) If veteran, name war
3. (c) Social Security No. 507-07-5741
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased SEPT. (Month) 3 (Day) 1870 (Year)

8. AGE: Years 75 Months 8 Days 15 If less than one day hr. min.

9. Birthplace BRAYMAN (City, town, or county) GERMANY (State or foreign country)
10. Usual occupation RETIRED COOK
11. Industry or business

FATHER
12. Name CLAUS SIEBKEN
13. Birthplace LOWHARCLIENT (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name ANNA HOELING
15. Birthplace HAMDORF (City, town, or county) GERMANY (State or foreign country)

16. (a) Informant W. E. Liebling
(b) Address R. 5, LEBANON MO
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 5-20-46 (Month) (Day) (Year)
(c) Place: burial or cremation OMAHA NEB
18. (a) Signature of funeral director PALMER'S
(b) Address LEBANON MO
19. (a) 5-21-46 (Date received local registrar) (b) Ora Frankenberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 18 year 1946 hour 4 minute P. M.
21. I hereby certify that I attended the deceased from March 15, 1946, to May 18, 1946, that I last saw him alive on May 18, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Left hemiplegia	2 days
Due to hypertension	unk
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of 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, 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature James L. Hope (M. D. or other)
Address Lebanon, Mo Date signed 5/19/46

152 (Licensed Embalmer's Statement on Reverse Side)

Received 6/12/46

Laclede County Health Unit

File No. 5-46-63

Date Filed 6/12/46

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 S R Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.