S. No. 2
—12-45
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 12 1947

Registration District No. 294

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 5832

Registrar's No. 58

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Moberly
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 910 So 4th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph 8

(c) City or town: Moberly 6
(If outside city or town limits, write "RURAL")

(d) Street No.: 910 So. 4th St 3
(If rural, give location)

0

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Willie A. Seibert

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: Widow

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased: Dec (Month) 10th (Day) 1863 (Year)

8. AGE: Years 83 | Months 2 | Days 24 | If less than one day ..... hr. ..... min.

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

10. Usual occupation: At home

11. Industry or business: .....

MOTHER FATHER

12. Name: Frederick Albers

13. Birthplace: (City, town, or county) Germany (State or foreign country)

14. Maiden name: no data

15. Birthplace: (City, town, or county) " (State or foreign country)

16. (a) Informant: Miss Lorena Seibert

(b) Address: Moberly, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch 6th 47 (Month) (Day) (Year)

(c) Place: burial or cremation: Moberly, Mo.

18. (a) Signature of funeral director: Mahen and Son

(b) Address: Moberly Mo.

19. (a) Mch 6-47 (Date received local registrar) (b) Leah Williams (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th year 1947 hour 9 minute 10 P.M.

21. I hereby certify that I attended the deceased from July 1946, 1946, to Mch 4, 1947; that I last saw her alive on Mch 4. (9:10 P.M.) 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
CORONARY OCCLUSION - (Right heart)	1 hour
Due to: Chronic Arteriosclerosis.	years
Due to: Diabetes Mellitus	15 yrs.
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, 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? ..... (Specify type of place) ✓

While at work? ..... (e) Means of injury: .....

23. Signature: Harry K Baker (M. D. or other) MD

Address: 208 1/2 N. 4th St. Date signed: March 6 1947

269 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 3-47-447
MAR 11 1947

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 D. Witt

Licensed Embalmer No. 3021

P. O. Address Moberly, 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.