

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

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1. PLACE OF DEATH:

(a) County Cole

(b) City or town McGirk, Mo. Marian
(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 Life
years, months or days

3. (a) PRINT FULL NAME William Siebert

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda Siebert 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 23 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 6 24 hr. min.

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

10. Usual occupation Merchant and Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name John Siebert

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

14. Maiden name Barbara Broun

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

16. (a) Informant Mrs. Adolph Strobel

(b) Address Centertown, Mo.

17. (a) Burial (b) Date thereof April 19, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McGirk Cem.

18. (a) Signature of funeral director J. H. Schuchert

(b) Address Russellville, Mo.

19. (a) April 19 (b) Mrs. Minnie Nutter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cole

(c) City or town Mc. Girk,
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1947 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan 16
1947 to April 17 1947
that I last saw him alive on April 8 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral softening

Duration 5 years

Due to _____

Due to _____

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

Major findings: 83C
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 J. H. Schuchert (M. B. or other) _____

Date signed 4/19/47

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed 4-23-52

OCT 26 1950

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 H. N. Schubert
Licensed Embalmer No. 2420
P. O. Address... Russellville, ms

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.