

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18082

Registration District No. ~~186~~ 186 Primary Registration District No. ~~5693~~ 5693 State File No. _____ Registrar's No. 226

1. PLACE OF DEATH:
(a) County Quinnipatan
(b) City or town Rural RFD # 2
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Quinnipatan
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. RFD # 2 Chillicothe
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carrie Estella Seiberling
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 14
year 1947 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 14
1947, to May 14 1947
that I last saw her alive on May 14 1947
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Chas. M. Seiberling
6. (c) Age of husband or wife if alive 81 years
7. Birth date of deceased March 3 1878
(Month) (Day) (Year)

Immediate cause of death Coronary occlusion Duration 2 hours

8. AGE: Years 69 Months 2 Days 9
If less than one day _____ hr. _____ min.

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

9. Birthplace Quinnipatan, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation At home

Major findings: Of operations 94A
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
12. Name Joseph W. Ditzgen
13. Birthplace Pa. (City, town, or county) (State or foreign country)
14. Maiden name Matilda Kreyer
15. Birthplace Pa. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lena Bowen
(b) Address Chillicothe Mo
17. (a) Burial (b) Date thereof 5/16/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Quinnipatan Mo

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 _____

18. (a) Signature of funeral director Donald Gordon
(b) Address Chillicothe Mo
19. (a) 5-116-747 (b) Artis Cunningham
(Date received local registrar) (Registrar's signature)

23. Signature Edna M. ... D. or other _____
Address Chillicothe, Mo Date signed 5-15-47

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

JUN 9 1942

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 *Ronald F. Gordon*

Licensed Embalmer No. *4191*

P. O. Address *Chillicothe, 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.