. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1947

Registration District No. 248

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24923

Primary Registration District No. 4369

Registrar's No.

1. PLACE OF DEATH:

(a) County Newton

(b) City or town Seneca
(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 50 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Newton 73

(c) City or town Seneca 4
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME William Edward Giett

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex MO

5. Color or race W

6. (a) Single, widowed, married, divorced Mar.

6. (b) Name of husband or wife Bertie

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April (Month) 20 (Day) 1868 (Year)

8. AGE: Years 79 Months 2 Days 8 If less than one day ___ hr. ___ min.

9. Birthplace Warren Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Edward Giett
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary McCoy
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bertie Giett

(b) Address Seneca, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 30 1947 (Month) (Day) (Year)

(c) Place: burial ~~or cremation~~ Seneca Cem.

18. (a) Signature of funeral director W E Biddlecome

(b) Address Seneca Mo.

19. (a) July 25-47 (Date received local registrar) (b) Nettie Norris (Registrar's signature) 176

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1947 hour 2 minute 45 A. M.

21. I hereby certify that I attended the deceased from 12-20-45, 19__, to 6 - 1947
that I last saw him alive on 6 - 20 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senile atrophy	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

16 2 B

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 M S Mendenhall (M. D. or other) DO

Address Seneca Mo Date signed 8-10-47

7-10-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. Newton
District File Number 247-145
Date Filed 7-29-47

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 W E Biddlecome

Licensed Embalmer No. 2174

P. O. Address Seneca 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.