

No. 2
-5-43
5-17-39
I X36671

FILED DEC 26 1947

State File No. _____

Registration District No. _____

Primary Registration District No. 3009

Registrar's No. 88

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town JACKSON Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cape Girardeau
(c) City or town JACKSON
(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 _____

3. (a) PRINT FULL NAME Ella Elizabeth Sievers

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

4. Sex Female 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife F. J. Sievers 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased NOV. 10 18.54
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 1 7 _____ hr. _____ min.

9. Birthplace HAMILTON Mo. Ill. - 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name H.C. HANSON

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

14. Maiden name Sarah D. Gray

15. Birthplace HAMILTON Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gussie S. Everitt

(b) Address Columbus, Ohio

17. (a) Burial (b) Date thereof 12-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herculaneum

18. (a) Signature of funeral director Melvin J. Wingo

(b) Address JACKSON Mo

19. (a) 12-17-47 (b) D. S. Hubert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1947 hour 10 minute A M.

21. I hereby certify that I attended the deceased from Aug 17 1947 to Dec 17 1947 that I last saw her alive on Dec 17 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis & fall
Due to arterio sclerosis 10 years

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 9/11

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature D. J. Hubbard (M. D. or other) _____
Address JACKSON Mo Date signed 12-17-47

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

DATE ISSUED 12-24-47

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... Thos. W. Allen

Licensed Embalmer No. 4055

P. O. Address... Jackson

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.