

FILED SEP 10 1948

Registration District No. 171

Primary Registration District No. 4265

Registrar's No. 7

1. PLACE OF DEATH:

(a) County Lafayette  
(b) City or town Napoleon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution All Life  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette  
(c) City or town Napoleon  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Agnes J. Siefer

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Oswald Siefer 6. (c) Age of husband or wife if alive 44 1/2 years  
7. Birth date of deceased May 31, 1918  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10  
year 1948 hour 7 minute 45 P. M.  
21. I hereby certify that I attended the deceased from 1941  
\_\_\_\_\_ 19\_\_\_\_ to Aug 10, 1948  
that I last saw her alive on Aug 3, 1948  
and that death occurred on the date and hour stated above.  
Immediate cause of death Cornary Thrombosis Duration \_\_\_\_\_

8. AGE: Years 30 Months 2 Days 20 If less than one day  
\_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to R. Rheumatic Heart  
Due to \_\_\_\_\_

9. Birthplace Napoleon Missouri  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Housewife

11. Industry or business Home

Major findings: Of operations none

12. Name August Sehrt

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

Of autopsy no

14. Maiden name Ella Ripperger

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

16. (a) Informant Oswald Siefer

(b) Address Napoleon, Missouri

17. (a) Burial (b) Date thereof August 13, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington, Missouri

18. (c) Signature of funeral director J. Clait Shepherd

(b) Address Wellington, Missouri

19. Aug 15, 1948 (Date received local registrar) Letter Drummond (Registrar's signature) 158

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no  
(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 Ben H. Deasler (M. D. or other) 2/11/48  
Address Wellington, Mo Date signed \_\_\_\_\_

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

4  
6  
0

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 9-9-48

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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 J. Blair Sheppard  
Licensed Embalmer No. 4179  
P. O. Address H. C. [unclear] Miss

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.