

S. No. 2
4-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20871**

WED JUL 7 1945

Registration District No. **220**

Primary Registration District No. **5792**

Registrar's No. _____

1. PLACE OF DEATH: (a) County **Moniteau** (b) City or town **Rural of Moniteau** (c) Name of hospital or institution: **1 Ship** (d) Length of stay: In hospital or institution _____ (Specify whether _____) In this community _____ years, months or days

3. (a) PRINT FULL NAME **GEORGE HENRY SIEBERT** 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed** 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year) **25 1869**

7. Birth date of deceased **May** (Month) **25** (Day) **1869** (Year)

8. AGE: Years **76** Months _____ Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Moniteau County** (City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business _____

12. Name **Justus Siebert** 13. Birthplace **Germany** (City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Brauer** 15. Birthplace **Germany** (City, town, or county) (State or foreign country)

16. (a) Informant **Leo Siebert** (b) Address **California Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **6-2-1945** (Month) (Day) (Year) (c) Place: burial or cremation **Hamble Cemetery**

18. (a) Signature of funeral director **William T. Harrison** (b) Address **California Mo.** 19. (a) **6/21/45** (Date received local registrar) (b) **Margaret Martine** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: (a) State **Missouri** (b) County **Moniteau** (c) City or town **Rural** (d) Street No. **Eight mile south of California** (e) Citizen of foreign country? **0** (Yes or No) If yes, name country _____

MEDICAL CERTIFICATION 20. DATE OF DEATH Month **May** day **30** year **1945** hour **15** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **May 15** to **May 29** that I last saw him alive on **May 29** and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of Liver**

Due to _____ Due to _____

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

Major findings: Of operations **H&K** Of autopsy _____

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 **2** 23. Signature **J. O. Bane** (M.D. or other) **D.O.** Address **California 240** Date signed **6/1/45**

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

3712

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-6-45

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 Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address California 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.