

ED. AUG 11 1943

Registration District No. 1328

Primary Registration District No. 5181

Registrar's No. 23

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

16
006

1. PLACE OF DEATH:

(a) County CAPE GIRARD

(b) City or town RURAL APPLE CREEK
(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 5.5 years (Specify whether years, months or days)

In this community 5.5 years

2. USUAL RESIDENCE OF DECEASED: 16

(a) State Missouri (b) County Cape Girardeau

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

(d) Street No. 5 miles north east of Jackson
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES-SIEVERS

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 W

6. (b) Name of husband or wife Lena Wilhelm 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 17 1863
(Month) (Day) (Year)

8. AGE: Years 80 Months 3 Days 29 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name August Sievers

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

14. Maiden name unknown

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edwin Parthel

(b) Address Jackson mo

17. (a) Burial (b) Date thereof July 20 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Evangelical Cem.

18. (a) Signature of funeral director Wilson States Sealang

(b) Address Jackson mo

19. (a) 7-19-43 (b) Henry W. King
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 16 year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 6-2-43 to 7-16-43 that I last saw him alive on 7-14-43 and that death occurred on the date and hour stated above.

Immediate cause of death: Uremic Intoxication

Due to: Chronic Retention nephritis
Chronic Myocarditis

Due to: Senile Emphysema

Other conditions: Senility, Arteriosclerosis
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: 1318

Of operations _____

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 ✓

23. Signature Walter M. Estes (M. D. or other) Phys.
Jackson Date signed 7-17-43

SEP 17 1943

RECEIVED

District Health Officer No. 4
District File Number 843-2542
Date Filed 8-9-43

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jaeger 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.