

DEC'D OCT 5 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

33406
Do not use this space.

1. PLACE OF DEATH

(a) County Saline Registration District No. 795
(b) Township Grand Pass Primary Registration District No. 6038
(c) City..... (d) Street No.....
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 49

2. PRINT FULL NAME

ROBERT LYNN SEATON 3511
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Geraldine Seaton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7, 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 1 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electric Welder
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) Sept. 4, 1938 11. Total time (years) spent in this occupation 9

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wyoming13. NAME Robert W. Seaton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Blanch Den16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown17. INFORMANT (ADDRESS) Mrs. Geraldine Seaton Little Rock, Arkansas18. BURIAL, CREMATION, OR REMOVAL PLACE Little Rock, Ark. DATE Sept. 9, 193819. FUNERAL DIRECTOR (ADDRESS) Shert & Co. Gray Marshall, Mo.20. FILED 9-17 1938 Raymond Seaton Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 4 193822. I HEREBY CERTIFY, That I attended deceased from field inquest on Sept 6 1938I last saw h. 7 alive on 19..... Death is saidto have occurred on the date stated above, at 5:30 P.M.

The principal cause of death and related causes of importance were as follows:

Being struck and knifed down and mangled by an east bound Mo. Pac. freight engine West of Bradford, Pa., Mo.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? NO Was there an autopsy? NO23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury Sept 4 1938

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify.....

(Signed) D. C. Bradshaw M. D.(Address) Arrow Rock, Mo.Corner of Saline Co. Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, H.P.M. Cary, Licensed Embalmer No. 3153

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by, Registered Apprentice No.

working under my personal supervision.

Signed H.P.M. Cary
Licensed Embalmer No. 3153

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.)