

REC'D DEC 15 1938

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

39009
Do not use this space.

1. PLACE OF DEATH
 (a) County Crawford Registration District No. 731
 (b) Township Steelville Mo Primary Registration District No. 4141 Registered No. _____
 (c) City Steelville Mo (d) Street No. _____ St. _____
 (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.
 2. PRINT FULL NAME David Sease
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ma 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14-1854

7. AGE YEARS 84 MONTHS 2 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fordsboro Tenn Ind
Harrison Co Ind

FATHER 13. NAME William Sease
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

MOTHER 15. MAIDEN NAME Messcha B Raice
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind

17. INFORMANT (ADDRESS) Rolo Sease
Bulgrade Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bar County DATE 12/4- 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) P J James
Steelville Mo

20. FILED 12 9 38 W. Woods
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/2- 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1938, to Dec 2, 1938
 I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis
 Date of onset 1936

Other contributory causes of importance: 93C

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 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) Geo M Rivers, M. D.
 (Address) Steelville Mo

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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, No Embalmer

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

R. J. Lucas

Licensed Embalmer No.....

P. O. Address.....

Wheelville, 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, above space should be left blank.