

REC'D JAN 25 1939

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

43387  
Do not use this space.

1. PLACE OF DEATH  
 (a) County JASPER Registration District No. 411  
 (b) Township GALENA Primary Registration District No. 2002  
 (c) City JOPLIN (d) Street No. 1710 glover St.  
 (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 60 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JAMES LONNIE SEAL  
 (a) Residence, No. 1710 GLOVER AVE 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 26 1863

7. AGE YEARS 75 MONTHS 5 DAYS 23 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer  
 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)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATES Co., Mo.

FATHER  
 13. NAME JAMES SEAL  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PENNY

MOTHER  
 15. MAIDEN NAME LUCY WALTERS  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BATES Co., Mo.

17. INFORMANT LESTER SEAL  
 (ADDRESS) Joplin, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE HORNET CEM. DATE 12/10 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Anderson Funeral Home  
Joplin, Mo.

20. FILED 12-9-38 19 38 Ed Jones  
 Local Registrar. 372

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 9 1938

22. I HEREBY CERTIFY, that I attended deceased from Dec 8 1938, to Dec 8 1938. I last saw him alive on Dec 8 1938. Death is said to have occurred on the date stated above, at 6:15 am.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
Nephritis, chr.  
 Date of onset 3/2 1937

Other contributory causes of importance:  
101

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? .....  
 If so, specify .....  
 (Signed) W. A. Brookshire M. D.  
 (Address) Joplin, 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, .....

*J. Anderson*  
....., or by .....

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

Signed *J. Anderson*  
.....

Licensed Embalmer No. *2142*

P. O. Address *Joplin, 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.**