1. JAN 24 1939

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

43855
Do not use this space.

1. PLACE OF DEATH
(a) County Montgomery 2 Registration District No. 592
(b) Township 1 Primary Registration District No. 4350 Registered No. 34
(c) City Montgomery (d) Street No. , 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 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

10/50

2. PRINT FULL NAME 400 James R. Seal
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 7 th 1853

7. AGE: Years 85 | Months 3 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Stock scales
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) Near Montgomery City Missouri

FATHER
13. NAME George Seal
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no Da. 1

MOTHER
15. MAIDEN NAME no
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no 9

17. INFORMANT Kathryn White
(ADDRESS) Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Montgomery City DATE 12/17/38

19. FUNERAL DIRECTOR (NAME) C. W. Hopkins
(ADDRESS) Montgomery City Mo

20. FILED Dec. 17, 1938 Buell Menefee
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/16/38, 19

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 38, 19, to Dec. 16, 38, 19
I last saw him alive on Dec. 15, 38, 19 Death is said to have occurred on the date stated above, at 5:30 am
The principal cause of death and related causes of importance were as follows:

	Date of onset
1. Bronchitis, Chronic	
2. Arterio sclerosis	

Other contributory causes of importance: DbC

Name of operation Date of
What test confirmed diagnosis? Phys. Exam. Was there an autopsy? No

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) Buell Menefee, M. D.
(Address) Montgomery City, 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.

I X14028

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, on the 16 th day of Dec 1938, or by

Registered Apprentice No., working under my personal supervision.

Signed

Licensed Embalmer No. 1487

P. O. Address Montgomery City 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.