

REC'D APR 13 1939

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

9877

Do not use this space.

1. PLACE OF DEATH

(a) County ANDREW 2 Registration District No. 13
(b) Township MAPAUKAY 1 Primary Registration District No. 4010 Registered No. _____
(c) City SAVANNAH (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 10 yrs. mos. ds. (f) How long in U.S., if of foreign birth? 10 yrs. mos. ds.

2. PRINT FULL NAME BURNS SEEVERS

(a) Residence, No. 405 N. 5th 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 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 MRS. MARY SEEVERS
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH - 20 - 1851
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 11 20
8. Trade, profession, or particular kind of work Bookkeeper, etc. BOOKKEEPER
9. Industry or business in which work was done, as saw mill, bank, etc. BOOKKEEPER
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) OSKAHOUSA IOWA

FATHER 13. NAME ALFRED SEEVERS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN OHIO

MOTHER 15. MAIDEN NAME MARIA BRYAN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN OHIO

17. INFORMANT MRS. OLLIE BOWMAN
(ADDRESS) SAVANNAH MO

18. BURIAL, CREMATION, OR REMOVAL PLACE SAVANNAH MO DATE 9-12-39

19. FUNERAL DIRECTOR J. FRED TERHUNE
(ADDRESS) SAVANNAH MO

20. FILED 3-17-39 Miss A. R. King
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10 1939

I HEREBY CERTIFY, That I attended deceased from March 8 1939 to March 10 1939

I last saw him alive on March 8 1939 Death is said

to have occurred on the date stated above, at 9:30 m.

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

Proxymory Accchion
g4b

Other contributory causes of importance:

arterial Sclerosis

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) Walter C. Myers, M. D.

(Address) Savannah Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD
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.

RECORDED

DI. 11-11-1937

District File Number 39-322

Date Filed APR 11 1937

STATEMENT BY LICENSED EMBALMER

I, J. Fred Terhune, Licensed Embalmer No. 1279

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

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed

J. Fred Terhune

Licensed Embalmer No. 1279

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.)