

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

APR 6 1939

11270  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Johnson Registration District No. 14  
 (b) Township Jefferson Primary Registration District No. 5387  
 (c) City \_\_\_\_\_ (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Dwight Seal

(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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Mrs. Mary Copeland Seal</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>July 13, 1893</b>		
7. AGE YEARS <b>45</b>	MONTHS <b>8</b>	DAYS <b>9</b>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Telegrapher</b>		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc. <b>Rock Island R R</b>		
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) <b>Falls City Nebraska</b>		
13. NAME <b>Frank Seal</b>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown Missouri</b>		
15. MAIDEN NAME <b>Lillie Fox</b>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>unknown Missouri</b>		
17. INFORMANT (ADDRESS) <b>Mrs. Mary Seal Windsor, Missouri</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Windsor, Mo.</b> DATE <b>Mar. 23 39</b>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>Huston-Turner Windsor, Missouri</b>		
20. FILED <b>Mar 23 39</b> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 21, 1939**

I HEREBY CERTIFY, That I attended deceased from **Mar. 21, 1939, to Mar 21, 1939**

I last saw him alive on **Mar 21, 1939** Death is said to have occurred on the date stated above, at **2:00 p m**

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

**Accident.**  
**Fracture 5 cervical vertebrae**  
**caused under falling beam.**  
 Other contributory causes of importance:  
**Heart in 1st stage**

Date of onset

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? **Accident** Date of injury **3-21, 1939**

Where did injury occur? **Home - Windsor, Mo.**

(Specify city or town, county, and State)

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

**Home**

Manner of injury **falling lumber**

Nature of injury **broken neck**

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) **Windsor**, M. D.

(Address) **Windsor**

JAN 20 1945

**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, or by.....

....., Registered Apprentice No. ....

working under my personal supervision.

Signed

*E. M. Hunter*

Licensed Embalmer No.

*3391*

P. O. Address

*Windsor, 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.**