

MAY 12 1939

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

14363
Do not use this space.

1. PLACE OF DEATH

(a) County Butter Registration District No. 89
 (b) Township _____ Primary Registration District No. 3007
 (c) City Poplar Bluff, Mo (d) Street No. OB Sleep Co 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.

Registered No. 92

2. PRINT FULL NAME MARY ELLEN SEATS

(a) Residence, No. Ellsinore, Mo 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 26 1864</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>House-Work</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Carter County Missouri</u>	
	13. NAME <u>Ben Seats</u>	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>
MOTHER	15. MAIDEN NAME <u>Sarah Campbell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Tennessee</u>	
17. INFORMANT (ADDRESS) <u>Ansil Moore Ellsinore, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ellsinore, Mo.</u> DATE <u>April 12-1939</u> <u>Seats Cem.</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Frank Und Co. Poplar Bluff, Mo.</u>		
20. FILED <u>4/12</u> 19 <u>39</u> <u>Obstetrical</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 8-9, 1937, to 4-10, 1939
 I last saw her alive on 3-15, 1939 Death is said to have occurred on the date stated above, at 8:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Hypertension, Chronic myocarditis & arteriosclerosis.

Other contributory causes of importance: None

Name of operation None Date of None
 What test confirmed diagnosis? None Was there an autopsy? None

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? None Date of injury None, 19None
 Where did injury occur? None (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
 Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? None
 If so, specify None
 (Signed) Thos. H. Henshaw, M. D.
 (Address) Poplar Bluff, 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. B. Reynolds, or by _____

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

Signed *J. B. Reynolds*
Licensed Embalmer No. *3218*

P. O. Address *Wiglar Bluff*

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.