

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

**21985**  
 Do not use this space.

**1. PLACE OF DEATH**

(a) County Douglas Registration District No. 372  
 (b) Township Benton Primary Registration District No. 379  
 (c) City Ava, Mo. (d) Street No. 4165 Registered No. 16  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

**2. PRINT FULL NAME** John Elbert Seal

(a) Residence, No. Ava, Missouri 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
71 11 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Minister  
 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) Tenn.

FATHER 13. NAME John Seal

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Blifford M. Seal  
Tracy, California

18. BURIAL, CREMATION, OR REMOVAL

PLACE Mansfield DATE 6-26-39 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. V. Clinkingbeard  
Ava

20. FILED 7-1 1939 Heleny Buske 245 (Address) Ava Mo  
 Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1939

22. I HEREBY CERTIFY That I attended deceased from June 1939 to June 24 1939

I last saw him alive on June 24 1939 Death is said to have occurred on the date stated above, at 6:37 P.M.

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

Leucemia ant. mar

Date of onset

Other contributory causes of importance:

Name of operation Aut. + Phys. Date of           
 What test confirmed diagnosis?          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) Robt M. Norman, M. D.  
Ava 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.

*Dr. P. M. Norman*

RECEIVED

District Health Officer No. 6,

District No. 739-1249

Date Filed JUL 5 1939

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**