

REC'D AUG 7 1939

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

24567  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Law Primary Registration District No. 1002 Registered No. 2780  
 (c) City Kansas City (d) Street No. Wheatley Tror Hoop 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

Luminious M. Seaton  
 (a) Residence, No. 1617 Forest 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 M. 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ada Seaton  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 15, 1882  
 7. AGE YEARS 57 MONTHS 4 DAYS 21 If LESS than 1 day, hrs. or min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Employee  
 9. Industry or business in which work was done, as saw mill, bank, etc. Grain Elevator  
 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) Arkansas

FATHER 13. NAME Ben Seaton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky.

MOTHER 15. MAIDEN NAME Sally Pettigrew

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

17. INFORMANT (ADDRESS) Frank Seaton Little Rock - Ark.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lincoln DATE 7-11-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Watkins Bros 1729 Lydia

20. FILED July 10 1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-6-39

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him/her alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
 The principal cause of death and related causes of importance were as follows:  
Suppley Co. 353  
Laminated glass plate  
Gas Sawyer 2034

Date of onset

Other contributory causes of importance:  
Caught in elevator cable

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

23. If death was due to external causes (violence), fill in all the following: Accident, suicide, or homicide. Date of injury 7-3-39  
 Where did injury occur? no memo (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Industry

Manner of injury credulity  
 Nature of injury Blow

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Russell W. Brown, M. D.  
 (Address) \_\_\_\_\_

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 X18603

**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.....

*T. B. Watkins*

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

working under my personal supervision.

Signed.....

*T. B. Watkins*

Licensed Embalmer No. *2889*

P. O. Address *1729 Lyden*

**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.**