

NDV 24 1939

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

36554

Do not use this space.

1. PLACE OF DEATH
- (a) County Linn Registration District No. 497
- (b) Township W. Benton Primary Registration District No. 4300
- (c) City Brownsville (d) Street No. _____ St.
- (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 Virginia Catherine Seaman
- (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 Female 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 Henry Clay Seaman
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 3, 1862
7. AGE YEARS 77 MONTHS 0 DAYS 23 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Roan Co. West Virginia

13. NAME Sovett Burdett

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Va.

15. MAIDEN NAME Eliy. Unknown

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

17. INFORMANT (ADDRESS) Albert Seaman
Cora, Mo

18. BURIAL, CREMATION, OR REMOVAL Unfang gravelev DATE July 26, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Schoene
Millers, Mo

20. FILED Oct 30, 1939 Mr. Lila Williams
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from October 27, 1939, to October 28, 1939

I last saw her alive on October 25, 1939. Death is said to have occurred on the date stated above, at 3:00 m.

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

Arginine pectus

Date of onset
Oct 27 39

Other contributory causes of importance:

Chronic Myocarditis

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) J. R. McAtee _____, M. D.

(Address) Marion, Mo

44-1-1

District No. 113
District File Number 1139-1497
Date Filed NOV 13 1939

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,

Frank D. Schoene

or by

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

Signed

Frank D. Schoene

Licensed Embalmer No. 2016

P. O. Address

Milan, 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.