

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
315 S. College st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Vernon
(c) City or town Nevada
(If outside city or town limits, write "RURAL")
(d) Street No. 315 S. College
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Lora Seaton

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex F 5. Color or race w 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Seaton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Int 3 1859
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 1 13 hr. _____ min.

9. Birthplace Burschville Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business at home

MOTHER FATHER
12. Name John miller
13. Birthplace unknown Virginia
(City, town, or county) (State or foreign country)
14. Maiden name Ruanda Barnes
15. Birthplace unknown Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Juan Graves
(b) Address Nevada, mo

17. (a) Burial (b) Date thereof 10/19/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Winters Burial Park

18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, mo

19. (a) 10-25-40 (b) Allen V. Hayes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 16,
year 1940 hour 9: minute 20 A. M.

21. I hereby certify that I attended the deceased from 10-14-40
10-14 1940, to 10-16-1940
that I last saw her alive on 10-15 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion with hf
Due to Myopericardium

Due to Generalized Atherosclerosis

Other conditions Senility
(Include pregnancy within 3 months of death)

Major findings: Of operations 94Ps
Of autopsy as above

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
795 (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Ernest Davis (M. D. or other) !
Address Rogers Bldg Nevada, mo Date signed 10-19-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

8
2

RECEIVED

District Health Officer No. 7,

District File Number 11-40-1530

Date Filed 11-4-40

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 Personal

....., Registered Apprentice No.

working under my personal supervision.

Signed

Lloyd B. Winscott

Licensed Embalmer No. 3857

P. O. Address Wada, 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.