

FILED JAN 25 1940

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

42421
Do not use this space.

1. PLACE OF DEATH
 (a) County Warren Registration District No. 288
 (b) Township Independence Primary Registration District No. 717 Registered No. 5406
 (c) City _____ or _____ (d) Street No. _____ 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 Charles E. Seeger
 (a) Residence, No. R-1 Kenneth, Mo. 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Hettie E. Seeger
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2-1879
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 7 15

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

FATHER
 13. NAME Henry Seeger

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

MOTHER
 15. MAIDEN NAME Nancy Davidson

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

17. INFORMANT (ADDRESS) Mrs. Hettie E. Seeger - Kenneth, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Rector, Ark DATE 12/19 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Paul Salzman - Kenneth, MO

20. FILED 12-31 1940 Thurmond Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/17 1940
 22. I HEREBY CERTIFY, That I attended deceased from lung attended by a _____, 19____
 I last saw h. Physician _____, 19____. Death is said to have occurred on the date stated above, at 9:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Date of onset acute myo cardiac failure
myo cardiac
 Other contributory causes of importance:
myo cardiac - 12 mo
over exertion
running a cow.

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? 5
 If so, specify _____

(Signed) George J. Gelman, M.D.
261 (Address) Corbin of Death, Mo
Kennett, 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.

JUN 3 1945

RECEIVED

District Health Officer No. 2

District File Number 141-85

Date filed 1/14/45

JAN 26 1945

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 *[Signature]*

Licensed Embalmer No. 2556

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.