

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

Rev. 5-17-39 I 33511

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43646

Registration District No. 1947 39

Primary Registration District No. 11441

Registrar's No. _____

1. PLACE OF DEATH: Ray
 (a) County Ray
 (b) City or town CAMDEN
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 4 yrs (Specify whether years, months or days) _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Ray
 (c) City or town CAMDEN
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME HAVE ANN SEEK
 (b) If veteran, name war None
 (c) Social Security No. 70

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 25
 year 1940 hour 8 minute 45 P.M.
 21. I hereby certify that I attended the deceased from May 30, 1939, to July 25, 1940
 that I last saw her alive on July 20, 1940
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race wh
 6. (a) Single, widowed, married, divorced. MARRIED
 (b) Name of husband or wife. Joe Seek
 (c) Age of husband or wife if alive _____ years
 Birth date of deceased Dec 1879 (Month) (Day) (Year)

Immediate cause of death. Coronary Thrombosis
 Duration _____

8. AGE: Years 60 Months 7 Days 9
 If less than one day _____ hr. _____ min.

Due to Chronic Interstitial Nephritis + Obstruction
 Due to Arterio Sclerosis
 Other conditions (Include pregnancy within 3 months of death) 21
 Major findings: Of operations _____
 Of autopsy _____

9. Birthplace CAMDEN MO.
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business Home
 12. Name FRANCIS S. TONER
 13. Birthplace Pittsburg PA
 (City, town, or county) (State or foreign country)
 14. Maiden name MARtha M. WALKER
 15. Birthplace CAMDEN MO
 (City, town, or county) (State or foreign country)

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? _____
 While at work _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's LVA EKANS
 (b) Address CAMDEN MO
 17. (a) Burial (b) Date thereof 7 28 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sonny Shope - Richmond
 18. (a) Signature of funeral director Liton T. Son
 (b) Address Richmond Mo
 19. (a) Jun 9 1940 (b) Midmiller
 (Date received local registrar) (Registrar's signature)

23. Signature G.W. Gains (M. D. or other) M.D.
 Address Richmond, Mo. Date signed 7/27/40

RECEIVED
District Health Officer No. 8,
District File Number 1-14-41
Date Filed

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. *4137*
P. O. Address *Cruck Me*

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.