

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 very important.

FILED FEB 14 1941

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

Do not use this space. **2267**

1. PLACE OF DEATH

(a) County Clay Registration District No. 201
 (b) Township Liberty Primary Registration District No. 5280 Registered No. 8
 (c) City Liberty Mo. (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) 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? 7 yrs. mos. ds.

2. PRINT FULL NAME William W. Seely

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 17th 1853

7. AGE YEARS 87 MONTHS 1 DAYS 29 IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. bank
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 14 1/2

12. BIRTHPLACE (CITY OR TOWN) Paducah Ky (STATE OR COUNTRY) Ky

FATHER 13. NAME Geo. Seely 14. BIRTHPLACE (CITY OR TOWN) Liberty (STATE OR COUNTRY) Mo

MOTHER 15. MAIDEN NAME Paul Hodgson 16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Paul Rogers

18. BURIAL, CREMATION, OR REMOVAL PLACE 2001 Stone DATE 1/17 1941

19. FUNERAL DIRECTOR (ADDRESS) James H. F. ...

20. FILED Jan 17, 1941 Nelson ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 16, 1941

22. I HEREBY CERTIFY That I attended deceased from Jan 16, 1941 to Jan 16, 1941

I last saw him alive on Jan 15, 1941. Death is said to have occurred on the date stated above, at 8 9 m.

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

Senility
 Date of onset _____
 Other contributory causes of importance: 16 1/2

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) F. H. Matthews M. D.
 (Address) Liberty Mo

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 8-12-41

STATEMENT BY LICENSED EMBALMER

I, H. N. Hoie, Licensed Embalmer No. 879

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leaf

L. E.

No. 879 or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed Hoie
Licensed Embalmer No. 879

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 2267

Registration District No. 201

Primary Registration District No. 5280

Registrar's No. 8

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(If outside city or town limits, write "RURAL" and name of township)
(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 _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits write "RURAL")
(d) Street No. 1005 Home
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME William W. Sealey
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 16
year 1944 hour _____ minute _____ M.

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced wid
6. (c) Age of husband, or wife, alive _____ years

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____

8. AGE: Years 87 Months 1 Days 29 If less than one day _____ min.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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

Major findings: _____
Of operations _____
Of autopsy _____

10. Usual occupation _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name _____

13. Birthplace (City, town, or county) _____ (State or foreign country) _____

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Jan. 17-1944 (b) Helen Early (Registrar's signature)

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 _____

23. Signature F. W. Matthews (M. D. or other)
Address Liberty Mo Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE SURE THE RECORD IS READABLE

SUPPLEMENTARY

