

FEB 17 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 3699

Registration District No. 623

Primary Registration District No. 5871

Registrar's No. 2

8000

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

1. PLACE OF DEATH

(a) County Pemiscot  
(b) City or town Braggadocio (Perrin)  
(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 1  
In this community \_\_\_\_\_ (Specify whether years, months or days)

3. (a) PRINT FULL NAME Esther Lee Seef  
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 married  
6. (b) Name of husband or wife Lawrence Seef  
6. (c) Age of husband or wife if alive 21 years  
7. Birth date of deceased Sept 4 1918  
(Month) (Day) (Year)

8. AGE: Years 22 Months 4 Days 3 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Lee Matlock  
13. Birthplace Tenn  
(City, town, or county) (State or foreign country)  
14. Maiden name Myrtle Worley  
15. Birthplace Tenn  
(City, town, or county) (State or foreign country)

16. (a) Informant Lawrence Seef  
(b) Address Braggadocio, Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-8-1941  
(Month) (Day) (Year)  
(c) Place: burial or cremation Cypress Cem

18. (a) Signature of funeral director German Wadl-Co  
(b) Address Stude, Mo

19. (a) 1/8/41 (Date received local registrar) (b) Pearl Kelley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED

(a) City or town Braggadocio (Perrin) State Mo (b) County Pemiscot  
(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.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 7  
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Flue. of pneumonia  
As history given by mother

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature Pearl Kelley (Specify type of place) 946  
While at work (e) Means of injury \_\_\_\_\_  
Address Hwy. Mo Date signed 1-8-41

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

2-41-24

DEC 16 1949

DEC 23 1949

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 William C. Shelton

Licensed Embalmer No. 3929

P. O. Address Stude, 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.