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

FILED JUN 12 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18693

Registration District No. 678 Primary Registration District No. 5904 Registrar's No.

1. PLACE OF DEATH:
(a) County Phelps
(b) City or town Rural St James Mo
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Phelps
(c) City or town Rural
(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 Alfred C. Seator
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced Wid
6. (b) Name of husband or wife dead
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 4 (Month) – 12 (Day) – 1851 (Year)
8. AGE: Years 90 Months — Days 6 If less than one day hr. min.
9. Birthplace (City, town, or county) Ind (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Samuel Seator
13. Birthplace (City, town, or county) Don't Know (State or foreign country)
MOTHER 14. Maiden name Eleanor Bates
15. Birthplace (City, town, or county) Don't Know (State or foreign country)
16. (a) Informant Della Adams
(b) Address St James Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-20-41 (Month) (Day) (Year)
(c) Place: burial or cremation Adams Cem
18. (a) Signature of funeral director W E Ruckleder
(b) Address St James Mo
19. (a) 5-10-41 (Date received local registrar) (b) Elise Stock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 18 year 1941 hour 6 30 minute A M.
21. I hereby certify that I attended the deceased from 4/6/40, 19..., to 4/12/41, 19...; that I last saw h. alive on 4/16/41, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Cerebral hemorrhage
Due to Hypertension
Due to Arteriosclerosis
Senility
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

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

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W E Ruckleder (M. D. or coroner)
Address St James Date signed 4/24/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5,
District File Number 641720
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 me, Registered Apprentice No. working under my personal supervision.

Signed Oscar E Lickleter

Licensed Embalmer No. 3546

P. O. Address St James Mi

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.