S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 6782

Registration District No. 368

Primary Registration District No. 42-14-5514

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Corning, Lincoln Twp
(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 75 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town Corning
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME LEANDER SEYMOUR

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~~ Married

6. (b) Name of husband or wife Emily Seymour

6. (c) Age of husband or wife if alive 70 yrs years

7. Birth date of deceased Feb (Month) 16 (Day) 1863 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	11	1	hr. min.

9. Birthplace Near Milton (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farm

FATHER
12. Name Leander Seymour Sr. 1
13. Birthplace ✓ (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Botkin 1
15. Birthplace ✓ (City, town, or county) Michigan (State or foreign country)

16. (a) Informant Emily Seymour

(b) Address Corning, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 19, 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Ridge cemetery

18. (a) Signature of funeral director Schooler Funeral Home

(b) Address Fairfax Missouri

19. (a) 1-19-42 (Date received local registrar) (b) Susan B. Swan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 17
year 1942 hour 3 30 minute P M.

21. I hereby certify that I attended the deceased from ✓
, 19 , to , 1942;
that I last saw him alive on after death , 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Enlargement of heart

Due to Chronic valvular heart disease

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓

Of autopsy

Duration

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 Owen Hunter (M. D. or other)

Address Corning Mo. Date signed 1-17-42

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(Licensed Embalmer's Statement on Reverse Side)

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 Marvin H. Schaeler

Licensed Embalmer No. 416 v

P. O. Address Fairfax, Missouri

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, fact should be so stated above.