

21498

No. 2  
9-4-41  
5-17-39  
X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JUL 10 1942

Registration District No. 499

Primary Registration District No. 2002

Registrar's No. 244

49  
529  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. John's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)

In this community 26 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49'

(c) City or town Joplin 2  
(If outside city or town limits, write "RURAL") 5

(d) Street No. 1902 West 4th St.,  
(If rural, give location)

(e) Citizen of foreign country? No. 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME GILES SEWARD

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Louise Seward

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 8, 1868  
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Blacksmith (retired)

11. Industry or business

12. Name Giles Seward

13. Birthplace New York /  
(City, town, or county) (State or foreign country)

14. Maiden name Huldia Seymour

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

16. (a) Informant Russell Seward

(b) Address 1902 West 4th St., Joplin, Mo.

17. (a) Burial (b) Date thereof June 12, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osborn Memorial Cemetery

18. (a) Signature of funeral director Thornhill-Dillon Mort.

(b) Address Joplin, Mo.

19. (a) 6-12-42 (b) Gertunder Sudhoffer  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10  
year 1942 hour 12:30AM minute M.

21. I hereby certify that I attended the deceased from May 2nd  
1942 to June 10, 1942  
that I last saw him alive on June 9, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy

Due to Burns to legs May 24-1942

Due to Smoking in bed

Other condition: Infirmitie of old age  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations: none  
Of autopsy: none

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) Accidents

(b) Date of occurrence May 24-1942 122

(c) Where did injury occur? 1809 Grand ave  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Museum of Science

While at work? no (Specify type of place) (e) Means of injury Burns

23. Signature Charles E. Gwalt (M. D. or other)

Address 803 Prince St Joplin Mo Date signed June 11, 1942

1204 (Licensed Embalmer's Statement on Reverse Side)

42.6.531



MA-R

**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 David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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, fact should be so stated above.**