

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 19 1942

Registration District No. 476

Primary Registration District No. 3025

Registrar's No. 104

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

1. PLACE OF DEATH:

(a) County Linn

(b) City or town Brookfield

(c) Name of hospital or institution: Mc Barney Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 40 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Linn 58

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

(d) Street No. 512 E. Wood
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME MARY - THERESA - SEELMAN

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W.

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

6. (b) Name of husband or wife Albert Seelman

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Sept 10-1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 10 21 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Cornelius Phillips

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

14. Maiden name Marie Troy

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

16. (a) Informant J. J. Buchanan

17. (a) Burial (b) Date thereof Aug-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Michael Brookfield

18. (a) Signature of funeral director Hill Chapel

(b) Address Brookfield

19. (a) 8-3-1942 (b) J. W. Cannon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1942 hour 7 minute 0 P.M.

21. I hereby certify that I attended the deceased from 7-28-42 to 7-31, 1942, that I last saw her alive on 7-31, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Subdural Hemorrhage Duration 3 da

Due to Retention of Hyptenium - Low arterial reglets. 27yo.

Due to

Other conditions (Include pregnancy within 3 months of death) 13/a

Major findings: Of operations 0 Of autopsy 0

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) 0

(b) Date of occurrence 0

(c) Where did injury occur? 0 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 0

While at work? 0 (Specify type of place) (e) Means of injury 0

23. Signature J. W. Cannon (M. D. or other) Address Brookfield, Mo. Date signed 8/4/42

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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 J. H. Blacklock
Licensed Embalmer No. 2246
P. O. Address Brookfield 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.