No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED SEP 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26974

Registration District No. 75 Primary Registration District No. 4138 Registrar's No. 140

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1

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

1. PLACE OF DEATH:
(a) County Clinton
(b) City or town Lathrop Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 40 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clinton 25 2 1
(c) City or town Lathrop
(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.

3. (a) PRINT FULL NAME Beatrice Edna Seymour
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Irven A Seymour
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 17 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 2 Days 28 If less than one day hr. min.

9. Birthplace Barnsville Mo. O
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Hal Moberley
13. Birthplace Barnsville Mo. O
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Anna E. Anderson
15. Birthplace Richmond Mo. O
(City, town, or county) (State or foreign country)
16. (a) Informant Irven A. Seymour
(b) Address Lathrop Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 15-42
(Month) (Day) (Year)
(c) Place: burial or cremation Lathrop Mo.
18. (a) Signature of funeral director Lee Moss Drunk
(b) Address Lathrop Mo.
19. (a) Aug 17, 1942 (Date received local registrar) (b) Mrs. Kathleen Harris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 12
year 1942 hour 11:05 minute P. M.
21. I hereby certify that I attended the deceased from June 1 - 42 to Aug 12 1942
that I last saw her alive on Aug - 1 - 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Hypertension
Arteriosclerosis
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.

94 b

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 F. J. Longfield (M. D. or other)
Address Lathrop, Mo. Date signed 8/12/42

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(Licensed Embalmer's Statement on Reverse Side)

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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~~ Lee Mast Crank, Registered Apprentice No. ..... working under my personal supervision.

Signed Lee Mast Crank

Licensed Embalmer No. 2533

P. O. Address Lathrop 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.