

No. 2  
1-4-41  
5-17-39  
PI X28390

State File No. ....

Registrar's No. 146

FILED OCT 7 1942  
Registration District No. 707

Primary Registration District No. 5422

35  
0  
0

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

1. PLACE OF DEATH:

(a) County Dunklin

(b) City or town Kennett - Rural Independence  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
A-Mi-East-one Highway 84-  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community Sept-  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin

(c) City or town Kennett - Rural  
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Dr. FLORENCE MAE SEEGER

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept - day 8  
year 1942 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from  
Aug 1 1940 to Sept 8 1942  
that I last saw her alive on Sept 8 1942  
and that death occurred on the date and hour stated above.

4. Sex F / 5. Color or race W

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

6. (b) Name of husband or wife Wm. Seeger

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Jan - 2 - 1905  
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 1

8. AGE: Years 37 Months 8 Days 7  
If less than one day hr. min.

9. Birthplace Kennett MO  
(City, town or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

MOTHER FATHER { 12. Name Andrew Bonnifield

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

14. Maiden name Ada Lewis

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

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1281

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Wm. Seeger

(b) Address Kennett, MO

17. (a) Burial (b) Date thereof 9-9-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge

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? —

18. (a) Signature of funeral director Paul Palmer

(b) Address Kennett, MO

19. (a) 13-1942 (b) Julia Blankenship  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury —

23. Signature Paul Palmer (M. D. or other) MO  
Address Kennett, MO Date signed 9-9-42

RECEIVED

District Health Office, No. 2,

District File Number 10 42-1236

Date Filed 10-5-42

**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 S. P. Johnson

Licensed Embalmer No. 2556-

P. O. Address Kennett, 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.**

1067-1942