

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 14 1942

Registration District No. 11

Primary Registration District No. 4024

Registrar's No. 100

1. PLACE OF DEATH:

(a) County Barry

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

(c) Name of hospital or institution:
none
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community About five years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Cassville rural
(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 0

3. (a) PRINT FULL NAME George D. Seamore

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alta Seamore 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 26 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>1</u>	<u>28</u>	hr. min.

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

10. Usual occupation Farmer

11. Industry or business -----

MOTHER FATHER { 12. Name John Seamore

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

{ 14. Maiden name Hellie ?

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

16. (a) Informant Mrs. Alta Seamore

(b) Address Cassville, Missouri # 2

17. (a) Burial (b) Date thereof Oct 27 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Horine & Culver

(b) Address Cassville, Missouri

19. (a) NOV 5 1942 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 24
year 1942 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Feb 26
1942 to 10/23 1942
that I last saw him alive on 10/21 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic
Pneumonia & Acute
Hepatitis
Due to Myocarditis
Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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

23. Signature W. M. Chase (M.D. or other) NO
Address Cassville, Mo Date signed 10/30/42

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

RECEIVED

District Health Officer No. 6,

District File Number 1142-1600

Date Filed NOV 12 1942

DEC 3 1958

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 Edson Bennett

Licensed Embalmer No. 4213

P. O. Address Cassville 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33098
Registrar's No. 150

Registration District No. 11

Primary Registration District No. 4024

1. PLACE OF DEATH:

(a) County Bany
(b) City or town Cassville
(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 _____ years, months or days

3. (a) PRINT FULL NAME George D. Seamore
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 26 (Month) (Day) (Year)

8. AGE: Years 46 1 Months _____ Days _____ If less than one day _____ min.

9. Birthplace _____ (City, town, or county) (State or foreign country) Penn

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____ (City, town, or county) (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____ (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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day _____ year 1924 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him _____ alive on _____ 19____; and that death occurred on the date and hour stated above

Immediate cause of death Septicemic Duration _____

Pneumonia acute

Due to hepatitis

Due to myocarditis

Other conditions Chronic & un-
(Include pregnancy within 3 months of death) specific Congestive

Major findings: of lungs PHYSICIAN _____

Of operations _____

Of autopsy HC 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)

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

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

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

MOTHER FATHER

