

FILED NOV 16 1942

Registration District No. _____

Primary Registration District No. 40765187

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Rt. Gordonville, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Huddle City
(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 Edward Seabaugh

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

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married Divorced widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if _____

7. Birth date of deceased Oct. 6 1874
(Month) (Day) (Year)

8. AGE: Years 69 Months 7 Days _____ If less than one day _____ hr. _____ min.

9. Birthplace Bollinger County D
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Industry

12. Name Amos Seabaugh

13. Birthplace Bollinger County D
(City, town, or county) (State or foreign country)

14. Maiden name Patsy West

15. Birthplace Bollinger County D
(City, town, or county) (State or foreign country)

16. (a) Informant Daughter

(b) Address Rt. Gordonville, Mo.

17. (a) Burial (b) Date thereof Oct 16 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Chapel

18. (a) Signature of funeral director Seabaugh Fun Home
(b) Address Cape Girardeau, Mo.

19. (a) 10-16-42 (b) A. H. Maede
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14
year 1942 hour 4 minute 15 p. M.

21. I hereby certify that I attended the deceased from May 30 1942 to Oct 15 1942
that I last saw her alive on Oct 10 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Bowel
None known

Due to None known

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 Ed Seabaugh (M. D. or other) _____
Address Gordonville Mo Date signed 10-17-42

Duration

10d
known

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 3

District File Number 1142-1394

Date Filed 11-14-42

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

Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson, 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.