

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

1. FILED DEC 12 1942

Registration District No. 214

Primary Registration District No. 4546

Registrar's No.

1. PLACE OF DEATH:

(a) County *North*
(b) City or town *Denver, Mo.*
(c) Name of hospital or institution: *North County 54 Farm Denver Mo.*
(d) Length of stay: In hospital or institution *Life*
In this community *Life*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *North*
(c) City or town *Denver Mo*
(d) Street No.
(e) Citizen of foreign country? *No*
If yes, name country *No*

3. (a) PRINT FULL NAME

JOSEPH RILEY SEAT

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 *Single*
6. (b) Name of husband or wife *No* 6. (c) Age of husband or wife if alive *No* years

7. Birth date of deceased *Unknown*
(Month) (Day) (Year)

8. AGE: Years *80* Months Days If less than one day
hr. min.

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

10. Usual occupation *Farmer*

11. Industry or business

12. Name *Franklin Seat*
13. Birthplace *Mo*
14. Maiden name *Seaton*
15. Birthplace *Denver Mo*

16. (a) Informant *Geo Seat*
(b) Address *Denver Mo*
17. (a) *Burial* (b) Date thereof *11-27-42*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *New Hope*
18. (a) Signature of funeral director *John Brown*
(b) Address *Denver, Mo*
19. (a) *12-1-42* (b) *Arlene Scadden*
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Nov* day *25*
year *1942* hour *3* minute *20 A.M.*

21. I hereby certify that I attended the deceased from *1*
19... to 19...
that I last saw h... alive on...
and that death occurred on the date and hour stated above.

Immediate cause of death *Suffocation*
and body completely emaciated few min.

Due to *Home burnt down*

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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) *accident 113*
(b) Date of occurrence *11-25-42*
(c) Where did injury occur? *Denver, North, Mo.*
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? *Sleeping* (Specify type of place) Means of injury

23. Signature *A C Dunfee* (M.D. or other) *Coroner*
Address *Grand City, Mo.* Date signed *11-25-42*

1104 (Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.