

FILED MAR 6 1943
318
Registration District No. _____

Primary Registration District No. 2000

39
6
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County GREENE

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

(c) Name of hospital or institution: Springfield Pocket Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether)

In this community Springfield
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barton

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

(d) Street No. R. F. D. 17
(If rural, give location)

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

3. (a) PRINT FULL NAME JOSEPH VINCENT SEELEY

3. (b) If veteran, name war Unknown 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Feb 16
1943 to Feb 18 1943
that I last saw him alive on 2/18 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

(b) Name of husband or wife Erma Seeley 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Nov. 11 1893
(Month) (Day) (Year)

Immediate cause of death apoplexy (A. Hemiplegia) 4
Duration

Due to Hypertension

8. AGE: Years Months Days If less than one day
49 3 7 hr. min.

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

10. Usual occupation farmer

Other conditions Cardio Vascular renal Disease 10 yrs.
(Include pregnancy within 6 months of death)

Major findings: 13/12
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____

12. Name W. D. Seeley

13. Birthplace Niagara Co. N. Y.
(City, town, or county) (State or foreign country)

14. Maiden name Erma M. Meyers

15. Birthplace Logan Co. Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Erma Seeley
(b) Address Golden City, Mo.

17. (a) Burial (b) Date thereof Feb. 20, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation P.O.F. Cem. Golden City, Mo.

18. (a) Signature of funeral director Phillips Funeral Home
(b) Address Golden City, Mo.

19. (a) 2-20-43 (b) F. W. Handy
(Date received local registrar) (Registrar's Signature)

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 Guy D. Callaway (M. D. or other) MD
Address Springfield, Mo. Date signed 2/18/43

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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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3278*

P. O. Address *Golden City, 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.