. S. No. 2
OM—5-42
. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6530

Registration District No. 7314 Primary Registration District No. 5563 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Iron
(b) City or town Rural Liberty Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4 miles East of Chloride
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Iron
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 4 miles East of Chloride
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Theadore Seal
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 29 (Day) 1867 (Year)
8. AGE: Years 75 Months 6 Days 15 If less than one day hr. min.
9. Birthplace Ironton County Mo. (City, town, or county) (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER 12. Name Houston Seal
FATHER 13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Mary Jane Dunn
MOTHER 15. Birthplace Iron County Mo. (City, town, or county) (State or foreign country)
16. (a) Informant Eugene Seal
(b) Address Arcadia Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-15-43 (Month) (Day) (Year)
(c) Place: burial or cremation Arcadia Mo.
18. (a) Signature of funeral director Norman White & Sons
(b) Address R. J. White Ironton Mo.
19. (a) 2-18-43 (Date received local registrar) (b) Virginia R. Miller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 14 year 1943 hour 6 minute 00 A. M.
21. I hereby certify that I attended the deceased from June 1, 1942, to Feb. 14, 1943, that I last saw him alive on Oct. 7, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Lymphatic Leukemia	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

N A

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)
(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 Ben M. Bull (M.D. or other) M.D.
Address Ironton, Mo Date signed 2-18-43

1283

(Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 343 - 1927
Date Filed 3-9-43

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 Arnold J. White

Licensed Embalmer No. 8012

P. O. Address Irvington Nev.

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.