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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 16 1943

Registration District No. 13-0 Primary Registration District No. 5572 Registrar's No. 118

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Rural Prairie TWP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson Co C. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 83 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 813 Harkless
(If rural, give location)
(e) If foreign born, how long in U. S. A.? no 1 years.

3. (a) PRINT FULL NAME James St. Clare Seat
3. (b) If veteran, name war none
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lydia Seat
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased Dec (Month) 13 (Day) 1859 (Year)

8. AGE: Years 83 Months 8 Days 2 If less than one day hr. min.

9. Birthplace Boonville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Laborer
11. Industry or business Bldg. Laborer
MOTHER FATHER
12. Name no record
13. Birthplace no record (City, town, or county) 9 (State or foreign country)
14. Maiden name no record
15. Birthplace no record (City, town, or county) 9 (State or foreign country)
16. (a) Informant Lydia Ann Seat
(b) Address 813 Harkless Ind Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn Cem.
18. (a) Signature of funeral director George C. Carson
(b) Address Independence Mo.
19. (a) Aug. 17, 1943 (Date received local registrar) (b) F. M. Schick (Registrar's signature) Ella Schick

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 15 year 1943 hour 2:00 minute P.M.
21. I hereby certify that I attended the deceased from June 12, 1943, to Aug 15, 1943; that I last saw him alive on Aug 14, 1943, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia	3 days
Due to: Gangrenous foot (left)	2 weeks
Due to: Diabetes mellitus	15 yrs
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)
(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 Fred J. Zimmer (M. D. or other) DO
Address Ind. Mo. Date signed 8-16-43

116 (Licensed Embalmer's Statement on Reverse Side)

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

Jamm

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. 2467

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.