

FILED MAY 9 1944
Registration District No. 173

Primary Registration District No. 5291

Registrar's No. 45

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution J.O.O.F. Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr
(Specify whether
In this community 1 yr
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson
(c) City or town Kennett, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 2205-E-70 Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1 8

3. (a) PRINT FULL NAME Bryce Seay

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

4. Sex m 5. Color or race wh
6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 8 yrs

7. Birth date of deceased June 27 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 8 Days 13
If less than one day hr. min.

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

10. Usual occupation Printer

11. Industry or business

12. Name John Seay

13. Birthplace Virginia
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Coleman

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Gene Seay

(b) Address 2205-E-70 Ave

17. (a) Burial (b) Date thereof April 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marshall

18. (a) Signature of funeral director Harlyn R. Coe
(b) Address 7406 W. 11th St. E. Mo.

19. (a) April 3, 44 (b) Adele Early
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 30
year 1944 hour 10 minute 25 M.

21. I hereby certify that I attended the deceased from 8
1943, to 3, 1944.
that I last saw him alive on 3-20-, 1944.
and that death occurred on the date and hour stated above.

Immediate cause of death

General Arteriosclerosis

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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)

(c) Means of injury

23. Signature Burt Matthy

(M. D. or other) MD

Address Liberty, Mo.

Date signed 3-30-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

State Health Officer No. 3,
File Number

Date Filed 5-8-44

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 *Harlan Roe*
Licensed Embalmer No. 2810
P. O. Address 11 E. 2nd

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.