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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 8 1944

Registration District No. 52

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17690

Primary Registration District No. 3009

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

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

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 22 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Gir 16 2

(c) City or town Jackson 1
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Nora Kate Seabaugh

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F

5. Color or race W 1

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ widowed 2

6. (b) Name of husband or wife ALEX Seabaugh

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased August (Month) 9 (Day) 1874 (Year)

8. AGE: Years 70 | Months 7 | Days 27 | If less than one day ..... hr. ..... min.

9. Birthplace Sedgewickville (City, town, or county) Mo 0 (State or foreign country)

10. Usual occupation House wife

11. Industry or business .....

FATHER
12. Name William Fulbright
13. Birthplace Sedgewickville (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Smith
15. Birthplace Daisy (City, town, or county) Mo 0 (State or foreign country)

16. (a) Informant Homer Seabaugh
(b) Address Jackson Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/9-1944 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Sedgewickville Cem.

18. (a) Signature of funeral director Wilson-Stater-Seabaugh
(b) Address Jackson Mo.

19. (a) 5/9 1944 (Date received local registrar) (b) J. H. Kershner (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 2 P minute ..... M.

21. I hereby certify that I attended the deceased from Jan 1, 1944, to May 6, 1944
that I last saw her alive on May 6, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	1 day
Due to	
Due to	
Other conditions Arteriosclerosis (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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 0

23. Signature D. L. Seabaugh (M. D. ~~or other~~)

Address Jackson Mo Date signed 5-9-44

1116

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 644-3916

Date Filed 6-7-44

NOV 27 1950

X-A

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 Glenn Wilson

Licensed Embalmer No. 2828

P. O. Address Jackson Mo

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

If this body is not embalmed, fact should be so stated above.