

FILED JUN 3 1944

Registration District No. 116

Primary Registration District No. 3020

State File No. _____

Registrar's No. 51

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Washington
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin
(c) City or town Rural Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Arthur Daniel Seamon

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sarah 6. (c) Age of ~~husband~~ or wife if alive 39 years

7. Birth date of deceased Feb. 5, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
43 3 21 hr. _____ min.

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

10. Usual occupation Showworker

11. Industry or business _____

12. Name Henry Seamon

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

14. Maiden name Deena Brandt

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

16. (a) Informant Irene Seamon

(b) Address Rural Union, Mo.

17. (a) Burial (b) Date thereof 5-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director Union Funeral Home

(b) Address Union, Mo.

19. (a) 5/28/44 (b) Lucille Mather Brooks
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26
year 1944 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12-27, 1944, to 5-26, 1944
that I last saw him alive on 5-26, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Pancreas Duration 8 Mo

Due to _____

Due to _____

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? _____

While at work? _____ (Specify type of place) Means of injury _____

23. Signature: B. S. Sullivan (M. D. or other) MD
Address: Union, Mo Date signed 5-29-44

MOTHER FATHER

1531 OH 151.000 100

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-2-44

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.....

[Handwritten Signature]

.....Registered Apprentice No.....

working under my personal supervision.

Signed *[Handwritten Signature]*

Licensed Embalmer No. 2464

P.O. Address Washington DC

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

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