S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 6 1944

Registration District No. 9

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 21651

Primary Registration District No. 4221

Registrar's No. 43

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Mound City.
(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 1 (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County Holt. 44

(c) City or town Mound City. 1
(If outside city or town limits, write "RURAL") 0

(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 Seymour D. Learn.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex 0 Male

5. Color or race White

6. (a) Single, widowed, married, divorced 0 Single.

6. (b) Name of husband or wife

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

7. Birth date of deceased August (Month) 27 (Day) 1855. (Year)

8. AGE: Years 88 Months 9 Days 13 If less than one day hr. min.

9. Birthplace Union Mills (City, town, or county) 1 Ind. (State or foreign country)

10. Usual occupation Farmer.

11. Industry or business

FATHER
12. Name Heller Learn.
13. Birthplace (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Cathrine Socker.
15. Birthplace (City, town, or county) Penn. 1 (State or foreign country)

16. (a) Informant Wm Ray Carter,
(b) Address Mound City. Mo.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof June 13th. (Month) (Day) (Year)
(c) Place: burial or cremation Mound City. Mo.

18. (a) Signature of funeral director W H Crawford
(b) Address Mound City, Mo.

19. (a) 6-13-44 (Date received local registrar) (b) Pauline Lawson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10th. year 1944. hour 11 minute 30 A M.

21. I hereby certify that I attended the deceased from 1931, 19 to June 10, 1944 that I last saw him alive on 9th June, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

83a

Duration

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 C Perry (M. D. or other) MD

Address Mound City Mo Date signed 6-11-44

1185 (Licensed Embalmer's Statement on Reverse Side)

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 V. H. Crawford

Licensed Embalmer No. 1824

P. O. Address Maysville Ky. Mo

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.