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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27582

Registration District No. 146 | Primary Registration District No. 3026 | Registrar's No. 200

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1016 N. Liberty /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri (b) County: Jackson
(c) City or town: Independence 9
(If outside city or town limits, write "RURAL")
(d) Street No.: 1016 N. Liberty 4
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Macon W. Seaton
3. (b) If veteran, name war: None
3. (c) Social Security No. 487-16-8292
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married /
6. (b) Name of husband or wife: Alma Seaton
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: February (Month) 24 (Day) 1872 (Year)

8. AGE: Years	Months	Days	If less than one day
72	5	7	____ hr. ____ min.

9. Birthplace: Paris (City, town, or county) Tenn. / (State or foreign country)
10. Usual occupation: Laboror
11. Industry or business: Penrod, Jurden & Clark
FATHER 12. Name: Green Seaton
13. Birthplace: Tenn / (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Margaret Wilson
15. Birthplace: Tenn / (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Alma Seaton
(b) Address: 1016 N. Liberty
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 4-1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Mound Grove
18. (a) Signature of funeral director: George C. Cordon
(b) Address: Independence, Mo
19. (a) 8-4-1944 (Date received local registrar) (b) James W. Cook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1 year 1944 9 hour 45 minute P.M.
21. I hereby certify that I attended the deceased from July 7, 1944, to July 27, 1944, that I last saw him alive on July 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Hemorrhage	hours
Due to: Hypertensive Cardiovascular disease	
Due to: Generalized Arteriosclerosis	
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: 0
23. Signature: Vance E. Link, M.D. (D.O. or other)
Address: 129 W. Lexington, Independence, Mo. Date signed 8/2/44

116-3 (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 George C Carson

Licensed Embalmer No. 2249

P. O. Address Independence 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.