

FILED SEP 9 1944

Registration District No. 195

Primary Registration District No. 45714

Registrar's No. 30

1. PLACE OF DEATH:

(a) County *McDonald*
(b) City or town *Moil R2*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1 Buenville*
(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)

3. (a) PRINT FULL NAME

Allen B Seale

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

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

4. Sex *M D* 5. Color or race *W* 6. (a) Single, widowed, married, divorced *Married*
6. (b) Name of husband or wife *Jane Seale* 6. (c) Age of husband or wife if alive *68* years
7. Birth date of deceased *3* (Month) *9* (Day) *1873* (Year)

8. AGE: Years *71* Months *24* Days *24* If less than one day..... hr. min.

9. Birthplace *Clark Co Ill* (City, town, or county) (State or foreign country)

10. Usual occupation *Farmer*

11. Industry or business *Own Farm*

MOTHER, FATHER { 12. Name *Frank Seale*
13. Birthplace *Clark Co Ill* (City, town, or county) (State or foreign country)
14. Maiden name *Melona Kirtwell*
15. Birthplace *Mo Ill* (City, town, or county) (State or foreign country)

16. (a) Informant *Melona Seale*

(b) Address *Moil R2 Mo*
17. (a) *Burial* (b) Date thereof *Apr 6-44* (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Fifth City Cem*

18. (a) Signature of funeral director *Fiff City Cem*

(b) Address *Provette Ark*

19. (a) *Sept 3-44* (b) *Jane Seale* (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Mo* (b) County *McDonald*
(c) City or town *Moil R2 Buenville* (If outside city or town limits, write "RURAL")
(d) Street No. *0* (If rural, give location) *Moil R-20 Rural*
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country *0*

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Apr* day *5* year *1944* hour *7* minute *30* a.m.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....; that I last saw him..... alive on....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death *Heart Occlusion* Duration.....

Due to.....

Due to.....

Other conditions..... (Include pregnancy within 3 months of death) *94 a*

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.....

23. Signature *F M Humphrey* (M. D. or other) *Carroll*
Address *Buenville Mo* Date signed *7-6-44*

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

RECEIVED

District Health Officer No. 8,

District File Number 944-1015

Date Filed SEP 7 1944

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.....

E.R. Pyeatt

Licensed Embalmer No. 3211-720

P. O. Address Granville Ark

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.