S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33917

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 334

1. PLACE OF DEATH:
(a) County CAPE GIRARDEAU
(b) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home - 517 S. Ellis
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community LIFE TIME 50 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CAPE GIRARDEAU
(c) City or town CAPE GIRARDEAU
(If outside city or town limits, write "RURAL")
(d) Street No. 517 S. ELLIS
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOLPHUS SEABAUGH
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M O
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife ANNA
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased JUNE (Month) 4 (Day) 1883 (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	4	6	hr. min.

9. Birthplace BOLLINGER Co. MISSOURI (City, town, or county) (State or foreign country)
10. Usual occupation TEAMSTER
11. Industry or business
FATHER
12. Name ELI SEABAUGH
13. Birthplace BOLLINGER Co. Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name MANDY SEABAUGH
15. Birthplace — MISSOURI (City, town, or county) (State or foreign country)
16. (a) Informant MRS. ANNA SEABAUGH
(b) Address 517 S. ELLIS ST. Cape Girardeau Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT. 14 44 (Month) (Day) (Year)
(c) Place: burial or cremation FAIRMONT CEM.
18. (a) Signature of funeral director Dave Hackney
(b) Address Cape Girardeau Mo.
19. (a) 10-16-44 (Date received local registrar) (b) F. W. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10th year 1944 hour 2 minute 45 P.M.
21. I hereby certify that I attended the deceased from Aug, 1944, to Oct 10, 1944 that I last saw him alive on Oct 9, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	10 min
Due to Coronary Sclerosis	18 mos
Due to	
Other conditions Arterial Sclerosis (Include pregnancy within 3 months of death)	4 yrs

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

23. Signature T E Ruff (M. D. or other) MD
Address Jackson Mo Date signed 10-11-44

101 x (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1144-4539

Date Filed 11-2-44

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 .....

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

working under my personal supervision.

Signed Paul Hackney

Licensed Embalmer No. 3598

P. O. Address Cape Girardeau, 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.