V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34280

FILED NOV 6 1944

Registration District No. [illegible] Primary Registration District No. 2000 Registrar's No. 835

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

1. PLACE OF DEATH:
(a) County Greene
(b) City or town Springfield, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 513 E. Monroe (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 25 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Greene 39
(c) City or town Springfield, (If outside city or town limits, write "RURAL") 2
(d) Street No. 513 E. Monroe (If rural, give location) 6
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Laura E. Seaman
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female 1
5. Color or race White 0
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife None
6. (c) Age of husband or wife if alive XX years
7. Birth date of deceased February (Month) 1, (Day) 1857 (Year)

8. AGE: Years 87 Months 8 Days 19 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation In Home
11. Industry or business

FATHER
12. Name Levy Seaman
13. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary Fisher
15. Birthplace Unknown (City, town, or county) Ohio 1 (State or foreign country)

16. (a) Informant Mrs. A. B. Trenary
(b) Address Springfield, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 23, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Park Cemetery
18. (a) Signature of funeral director Alma Lohmeyer Funeral Home
(b) Address Springfield, Missouri
19. (a) 10-21-44 (Date received local registrar) (b) Dr W E Handley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20, year 1944 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from 9,15,44, 19..., to 10,20,44, 19...; that I last saw her alive on 10,18,44, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Diabetes M., Chronic	Don't know
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature D. Munck (M. D. ~~or other~~)
Address Springfield, Mo. Date signed Oct. 20, 1944

(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 Harlow Knabb

Licensed Embalmer No. 4065

P. O. Address Springfield, 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.