S. No. 2
M—8-43
5-17-39
I X37823

Al Seabaugh

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 10 1945

Registration District No. 53

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 10823

Primary Registration District No. 3010

Registrar's No. 411.

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

6
14

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: St Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau 16
(If outside city or town limits, write "RURAL")

(d) Street No. 631 N Main 1
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Albert W Seabaugh

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Amanda Seabaugh

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov (Month) 19 (Day) 1868 (Year)

8. AGE: Years 76 Months 0 Days 15 If less than one day hr. min.

9. Birthplace Bollinger County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Merchant

11. Industry or business

MOTHER FATHER

12. Name Jesse Seabaugh

13. Birthplace Don't Know (City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Amanda Seabaugh Wife

(b) Address 631 N Main St Cape Gir. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12 6 44 (Month) (Day) (Year)

(c) Place: burial or cremation Fairmount

18. (a) Signature of funeral director Pane Hackney

(b) Address Cape Girardeau, Missouri

19. (a) 12-13-44 (Date received local registrar) (b) F. M. Phelps (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12/4 day year 1944 hour 10 minute 20 A.M.

21. I hereby certify that I attended the deceased from 3/20, 1942 to 12/4, 1944 that I last saw him alive on 12/4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death) 93e

Major findings:
Of operations

Of autopsy

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

23. Signature O. Hedenberg (M. D. or other) Date signed 12/7/44

Address Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

10 14

[illegible] Officer No. 4
[illegible] File Number 145-61
Date Filed 1-8-45

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.