S. No. 2
OM—2-43
v. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 26 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11476

Registration District No. 175 Primary Registration District No. 4275 Registrar's No. 126

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Marionville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
(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: 1 year, two months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Lawrence

(c) City or town: Marionville
(If outside city or town limits, write "RURAL")

(d) Street No.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME: Theodore Martin Seely

3. (b) If veteran, name war:

3. (c) Social Security No. 500-09-2910

4. Sex: Male

5. Color or race: white

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

6. (b) Name of husband or wife: Joyce Seely

6. (c) Age of husband or wife if alive: 45 years

7. Birth date of deceased: Dec. 28 1878 (Month) (Day) (Year)

8. AGE: Years: 65 Months: 11 Days: 19 If less than one day: hr. min.

9. Birthplace: ? (City, town, or county) Indiana (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Oil worker

MOTHER FATHER

12. Name: not known

13. Birthplace: (City, town, or county) (State or foreign country)

14. Maiden name: not known

15. Birthplace: (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Joyce Seely

(b) Address: Marionville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Marionville, Mo.

18. (a) Signature of funeral director: J. B. Bradford

(b) Address: Marionville, Mo.

19. (a) 12-18-44 (Date received local registrar) (b) Eunice Greene (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 17 year 1944 hour 12 minute 45 a.m.

21. I hereby certify that I attended the deceased from Dec. 11, 1944, to Dec. 16, 1944, that I last saw alive on Dec. 16, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Apoplexy	5 yrs.
Due to: Arteriosclerosis	5 yrs.
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: Wayne M. Weaver (M. D. or other) M.D.

Address: Marionville, Mo. Date signed 12/17/44

115 6

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1244-1354
Date Filed DEC 21 1944

DEC 27 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 Herman Surridge

Licensed Embalmer No. 3072

P. O. Address Aurora 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.