. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 6 1945

Registration District No. 8D

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3017

State File No. 5956

Registrar's No. 26 -

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: 922 SEVENTH STREET
(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 FIVE YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER

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

(d) Street No. 922 SEVENTH STREET
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS ETTA MAY SEAMANDS

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife EDWARD SEAMANDS

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

7. Birth date of deceased SEPTEMBER (Month) 27 (Day) 1860 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	4	27	hr. min.

9. Birthplace MURPHYSBORO (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

MOTHER FATHER

12. Name WILLIAM RILEY WHITTAKER

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

14. Maiden name EMMA THOMAS

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

16. (a) Informant MRS E.E. MURPHY

(b) Address BOONVILLE, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 25, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation BOONVILLE CATHOLIC CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) Feb 24-45 (Date received local registrar) (b) Dr Chas. Swap. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 23 year 1945 hour 9:30 minute A.M.

21. I hereby certify that I attended the deceased from Sept 17, 1940, to Feb 23, 1945, that I last saw her alive on Feb 22, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

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 C Puckett MD (M.D. or other)

Address Boonville mo Date signed 2-24-45

1088

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 3-5-43.
Filed

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 James W. Stegner

Licensed Embalmer No. 3780

P. O. Address Boonville, M

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.