

FILED AUG 14 1945

State File No.

Registration District No.

Primary Registration District No.

Registrar's No. 823

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
In this community 3 years
(Specify whether years, months or days)

3. (a) PRINT Thelma Elizabeth Seornes
FULL NAME

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex f. 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife David Seornes 6. (c) Age of husband or wife if alive March 31, 1896 years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 49 Months 1 Days 13 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business John W. Brogan

12. Name John W. Brogan

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

14. Maiden name Laura Crawford (City, town, or county) (State or foreign country)

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

16. (a) Informant John W. Price

(b) Address Maryville Mo.

17. (a) burial (b) Date thereof 5-16-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wilcox Cemetery

18. (a) Signature of funeral director Price Funeral Home

(b) Address Maryville, Mo.

19. (a) 5-18-45 (b) Thelma L. Seornes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 1312 Frederick Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13 year 1945 hour 8 minute 30 PM

21. I hereby certify that I attended the deceased from May 11-45 to May 18-45 that I last saw him alive on May 18-45 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to arteriosclerosis

Due to arteriosclerosis

Other conditions 83w

Major findings: Of operations 83w

Of autopsy 83w

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? (c) Means of injury ---

23. Signature Colli R. R. R. (M. D. or other)

Address 741 N. 1st St. Maryville, Mo. Date signed May 13-45

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

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.....

John W. Price

Licensed Embalmer No. *4281*

P. O. Address *Maryville 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: