S. No. 2
DM—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 AUG 10 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

24834

State File No.

Registration District No. 314 Primary Registration District No. 4459 Registrar's No.

1. PLACE OF DEATH:

(a) County St Clair

(b) City or town Osceola
(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
In this community All of Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Clair

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

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

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

If yes, name country .....

3. (a) PRINT FULL NAME Lona Seevers

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

4. Sex F 1 5. Color or race W 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Aug (Month) 21 (Day) 1869 (Year)

8. AGE: Years 75 Months 10 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Winterset (City, town, or county) Iowa (State or foreign country)

10. Usual occupation ~~Hand Housekeeping~~

11. Industry or business .....

FATHER
12. Name Dr. John Seevers
13. Birthplace Mahasha Co. (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Fidelia E Freeborn
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Ruth Seevers
(b) Address Osceola, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Osceola Cemetery

18. (a) Signature of funeral director Osceola Funeral Home
(b) Address Osceola Mo

19. (a) 7-18-45 (Date received local registrar) (b) F. B. Goodrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9 year 1945 hour 7 minute 15 A M.

21. I hereby certify that I attended the deceased from Dec-1944 ....., 19...., to July 9-1945, 19....; that I last saw her alive on July 9, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: malignancy pyloric opening in stomach	
Due to	7 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

1150

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 0

23. Signature Ruth Seevers (M. D. ~~or other~~)

Address Osceola, Mo. Date signed 7/18-45

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED ... Officer No. 7
D... 7-45-779
Div... 8-9-45
Date 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 F B Goodrich

Licensed Embalmer No. 3038

P. O. Address Osceola 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.