. 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 SEP 21 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30039

Registration District No. 10 Primary Registration District No. 3002 Registrar's No. 107

1. PLACE OF DEATH:
(a) County Audrain.
(b) City or town Mexico, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days. (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Audrain. 4
(c) City or town Laddonia, Missouri. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Martha J. Seal.
3. (b) If veteran, name war
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 Thomas J. Seal.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June 2, 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 2 Days 8 If less than one day hr. min.

9. Birthplace Brown County, Indiana. (City, town, or county) (State or foreign country)
10. Usual occupation Housewife.
11. Industry or business Home.
FATHER
12. Name James Braden.
13. Birthplace Ohio. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margarete Wallace.
15. Birthplace Ohio. (City, town, or county) (State or foreign country)
16. (a) Informant Emma M. Smith.
(b) Address Laddonia, Missouri.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 12, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Laddonia, Missouri.
18. (a) Signature of funeral director Clyde Wilkey
(b) Address Laddonia, Missouri.
19. (a) 8/19/1945 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 10, 1945 (Day) 10th, year 1945 hour 4:00 minute P. M.
21. I hereby certify that I attended the deceased from Aug. 9, 1945, to Aug 10, 1945, that I last saw her alive on Aug. 10, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	4 hrs
Due to Intestional obstruction	3 day
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 W. B. Baize (M. D. or other) D.O.
Address Laddonia, Mo. Date signed

1404 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 9-45-1479
Date Filed SEP 19 1945

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, ...

..... Registered Apprentice No. .....,

working under my personal supervision.

Signed Clifford Dickey

Licensed Embalmer No. 3820

P. O. Address Perry, Iowa

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.