

FILED OCT 19 1945

Registration District No. 360

Primary Registration District No. 6225

State File No.

Registrar's No. 150

1. PLACE OF DEATH:

(a) County Vermon  
(b) City or town Washington T. Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution State Hospital #3 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yr 1 mo 28 days  
(Specify whether years, months or days)  
In this community 2 yrs 1 mo 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Palk 108  
(c) City or town Baliviar  
(If outside city or town limits, write "RURAL")  
(d) Street No. RFD #3  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country V

3. (a) PRINT FULL NAME

CARL SEA

3. (b) If veteran, name war V

3. (c) Social Security No. V

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased 12-27-1896  
(Month) (Day) (Year)

8. AGE: Years 48 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Palk Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business V

12. Name John Sea  
13. Birthplace Pa  
(City, town, or county) (State or foreign country)  
14. Maiden name Fernia Haden

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

16. (a) Informant Burt Robinson

(b) Address Baliviar Mo  
Buisia 30 Baliviar (b) Date thereof Sept 30 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Baliviar Mo

18. (a) Signature of funeral director Willard B. Gwin

(b) Address Baliviar Mo

19. (a) Sept 30 (b) Katherine Youney  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30  
year 1945 hour 6 minute 30 a.m.

21. I hereby certify that I attended the deceased from 8/17 1945 to 9/30 1945  
that I last saw him alive on Sept 29 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis

Due to V  
Due to V  
Other conditions V  
(Include pregnancy within 3 months of death)

Major findings: V  
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?

While at work? (Specify type of place) (e) Means of injury

23. Signature R. G. Hall (M.D. or other)  
Address Baliviar Mo Date signed 9/30/45

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

MOTHER FATHER

RECEIVED

L. BRICE

License No.

Date Filed

PL. 10. 7

9-43-986

10-17-45

**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 Willard B. Erwin

Licensed Embalmer No. 3092

P. O. Address Bolivar, 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.**