

FILED JUN 10 1946

Registration District No. **42**

Primary Registration District No. **1000**

Registrar's No. **616**

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

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: **MO. M.E. Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
In this community **6 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Andrew**
(c) City or town **SAVANNAH**
(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 **Allen D. Seelig**

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

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **W 2**
6. (b) Name of husband or wife **not stated** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Oct 2 1860**
(Month) (Day) (Year)

8. AGE: Years **85-** Months **7** Days **28** If less than one day hr. _____ min. _____

9. Birthplace **Unknown Ohio**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired presbyterian minister**

11. Industry or business _____

MOTHER FATHER
12. Name **un known**
13. Birthplace **un known**
(City, town, or county) (State or foreign country)
14. Maiden name **un known**
15. Birthplace **un known**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ray Cummins**

(b) Address **Oregon mo**

17. (a) **Burial** (b) Date thereof **6-1-1946**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oregon mo**

18. (a) Signature of funeral director **E. E. Breit**

(b) Address **Savannah mo**

19. (a) **May 31, 1946** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5** day **30**
year **1946** hour **12** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **May 24 1946** to **May 30 1946**
that I last saw him alive on **May 29 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Meningitis - paralysis left side**
Due to **gun shot wound**
Due to **RT side head.**

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy **No 14**

Duration

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) **Suicide**
(b) Date of occurrence **May 24-46**
(c) Where did injury occur? **Savannah Andrew Mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home
While at work? **No** (e) Means of injury **gun shot wound**

23. Signature **H. S. Conrad** (M. D. or other) _____
Address **St Joseph Mo** Date signed **5-31-46**

MAY 4 1949

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.....

E. C. Breit

Licensed Embalmer No.....

2650

P. O. Address.....

Savannah 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.