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27736

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

State File No.

FILED AUG 27 1946 STANDARD CERTIFICATE OF DEATH

Registration District No. 207

Primary Registration District No. 5754

Registrar's No. 23

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

1. PLACE OF DEATH:

(a) County Maries

(b) City or town Vichy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Maries

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

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Laura Bell Seymour

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8
year 1946 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from June 21st, 1946 to Aug 8th, 1946
that I last saw her alive on August 3rd, 1946
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife JAMES William Seymour

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

7. Birth date of deceased May 12 1884
(Month) (Day) (Year)

Immediate cause of death Acute congestive cardiac failure Duration 7 wk

Due to Low grade septicemia 1 mo

8. AGE:

Years	Months	Days	If less than one day
<u>62</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

Due to _____

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

9. Birthplace Lanes Prairie Mo.
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation AT home

11. Industry or business _____

12. Name Marion Skaggs

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

14. Maiden name Kelly Hodges

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

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? 0

16. (a) Informant Mrs. Chas. Raase

(b) Address 6029 California Ave. San Francisco Calif.

17. (a) Burial (b) Date thereof Aug 11 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Skaggs - Vichy, Mo.

(Specify type of place)

(e) Means of injury _____

3. Signature M. K. Underwood M.D.
(M. D. or other)

Address 202 W 10th Sr. Date signed 8-14-46

18. (a) Signature of funeral director Smith-Hollens, J. H.

(b) Address Rolla, Mo.

19. (a) 8-21-46 (b) Pauline Howard
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

APR 25 1946

RECEIVED
District Health Officer No. 9,
District File Number 8-46-215
Date Filed 8-26-46

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 *J. H. Wallace*

Licensed Embalmer No. 3643

P. O. Address. *Rolla, 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.