

No. 2  
-2-43  
17-39  
X33697

**FILED** SEP 13 1946  
Registration District No. 352

State File No. ....

Primary Registration District No. 4517

Registrar's No. ....

1. PLACE OF DEATH:  
(a) County Taney  
(b) City or town Branson  
(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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Taney  
(c) City or town Branson  
(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 ROBERT EARL SEAMANS  
3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 13  
year 1946 hour 8:00 minute A.M.  
21. I hereby certify that I attended the deceased from July 13, 1946 to July 13, 1946  
that I last saw him alive on July 13, 1946  
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race \_\_\_\_\_  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Jessie Lee Seamans  
6. (c) Age of husband or wife if alive 37 years  
7. Birth date of deceased April 25, 1907.  
(Month) (Day) (Year)

Immediate cause of death Myocarditis Duration 2 days

8. AGE: Years 39 Months 2 Days 18  
If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Noland Ark.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Electrician

11. Industry or business \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name John W. Seamans

13. Birthplace Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Callie Guin  
(City, town, or county) (State or foreign country)

15. Birthplace Ark.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Lee Seamans  
(b) Address Branson Mo

17. (a) \_\_\_\_\_ (b) Date thereof 7-3-46  
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parahatch, Ark.  
P.O. - Wheelhat

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address Branson, Mo

19. (a) 7-3-46 (b) Arch Brooker  
(Date received local registrar) (Registrar's signature)

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 Harry T. Evans (M. D. or other) M.D.  
Address Branson, Mo Date signed 7/15/46

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

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. sent  
Registrar's No. \_\_\_\_\_

Registration District No. 352

Primary Registration District No. 4517

1. PLACE OF DEATH:

(a) County Janey  
(b) City or town Branson  
(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 \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Robert E. Seaman

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

4. Sex m 5. Color or race white 6. (a) Single, widowed, married, divorced \_\_\_\_\_

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

7. Birth date of deceased April 25 1920  
(Month) (Day) (Year)

8. AGE: Years 39 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Electrician

11. Industry or business \_\_\_\_\_

12. Name John W. Seaman

13. Birthplace Ark.  
(City, town, or county) (State or foreign country)

14. Maiden name Callie Lynn

15. Birthplace Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie D. Seaman

(b) Address Branson Mo

17. (a) Removal (b) Date thereof July 3-4  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pacabants Ark

18. (a) Signature of funeral director R. O. W. Helshel  
(b) address Branson Mo

19. (a) July 13 -46 (b) Arch. Brookshire  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Janey  
(c) City or town Branson  
(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 \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Day 3  
Year 1946 Hour \_\_\_\_\_ Minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis  
Duration 2 day

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 \_\_\_\_\_ (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

SUPPLEMENTARY

MOTHER FATHER

29391