

FILED APR 24 1947  
 Registration District No. 10 Primary Registration District No. 3002  
 State File No. \_\_\_\_\_ Registrar's No. 61

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

1. PLACE OF DEATH:  
 (a) County Cudrain  
 (b) City or town Melrose, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Cudrain Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Boone  
 (c) City or town Centerville  
(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 Maudie May Seymour  
 3. (b) If veteran, name war ✓  
 3. (c) Social Security No. ✓  
 4. Sex F 5. Color or race W  
 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Dec 30 - 1890  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 4 day 10  
 year 1947 hour 9 minute 15 P. M.  
 21. I hereby certify that I attended the deceased from Feb 15 1947 to April 10 1947  
 that I last saw her alive on April 10 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Melanosearoma of Liver  
 Due to metastatic from left eye  
 Due to \_\_\_\_\_  
 Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations 46 F  
 Of autopsy \_\_\_\_\_

Duration 5 months  
7 years 8 mo  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

8. AGE: Years 56 Months 3 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace: Centerville Mo  
(City, town, or county) (State or foreign country)  
 10. Usual occupation at home  
 11. Industry or business None  
 12. Name Alvin Seymour  
 13. Birthplace Sturgis Mo  
(City, town, or county) (State or foreign country)  
 14. Maiden name Walter King  
 15. Birthplace Sturgis Mo  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Claud Seymour  
 (b) Address Northrup Mo  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/13/47  
(Month) (Day) (Year)  
 (c) Place: burial or cremation Centerville Mo  
 18. (a) Signature of funeral director H. Wells  
 (b) Address Melrose Mo  
 19. (a) 4/13/47 (b) Blanche Neely  
(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) Yes  
 (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 Harry F. O'Brien (M. D. or other)  
 Address Melrose Mo Date signed 4-11-47

MAY 15 1947

RECEIVED

District Health Officer No. 10

District File Number - 4-42-699

Date Filed -- APR 22 1947

**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 Self

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

working under my personal supervision.

Signed A. B. Melby

Licensed Embalmer No. 1588

P. O. Address Kellaville, 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.**