

S. No. 2
M-5-43
v. 5-17-39
P I X36671

DEPARTMENT OF HEALTH AND HUMAN SERVICES
BUREAU OF THE CENSUS
FILED JUN 30 1947
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20537

State File No. _____

Registration District No. 120

Primary Registration District No. 4197

Registrar's No. 54

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

1. PLACE OF DEATH:

(a) County Gentry, Mo.
 (b) City or town Stamberg, Mo.
 (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 in days)
 In this community 5 yrs 8 months (Specify in years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Gentry
 (c) City or town Stamberg
 (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 RUFUS GEORGE SEYMOUR
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None
 4. Sex MALE 5. Color or race W
 6. (a) Name of husband or wife Ida Seymour
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive 77 years
 7. Birth date of deceased Dec 29 1867
 (Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1947 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him _____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
79 5 9 _____ hr. _____ min.

Immediate cause of death Myocardial infarction
 Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace Milton, Mo
 (City, town, or county) (State or foreign country)
 10. Usual occupation Farmer
 11. Industry or business Farming
 12. Name John Seymour
 13. Birthplace Mo
 (City, town, or county) (State or foreign country)
 14. Maiden name Jane Melton
 15. Birthplace Mo
 (City, town, or county) (State or foreign country)
 16. (a) Informant John J. Seymour
 (b) Address Stamberg, Mo
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-47
 (Month) (Day) (Year)
 (c) Place: burial or cremation Fairfax, Mo.
 18. (a) Signature of funeral director Phillips Matney
 (b) Address Stamberg, Mo
 19. (a) June 16 1947 (Date received local registrar) (b) Stamberg, Mo (Registrar's signature)

Major findings: _____
 Of operations _____
 Of autopsy 102
 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) (c) Means of injury Car
 23. Signature Charles W. Williamson (M. D. or other) _____
 Address Gentry, Mo Date signed 7-8-47

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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~~.....

~~working under my personal supervision.~~

~~Registered Apprentice No.~~.....

Signed..... *R. J. Traggant*

Licensed Embalmer No. *2563*

P. O. Address *King City 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.