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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21552

State File No. _____
Registrar's No. 815

Registration District No. 182

Primary Registration District No. 8684

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Rural Clay Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7 1/2 miles N.E. of Wheeling
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 6 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Livingston 59
(c) City or town Wheeling
(If outside city or town limits, write "RURAL") 1
(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 Francis Marion Seuell
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 11th
year 1947 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from May
1947, to June 11, 1947
that I last saw him alive on June 11 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Gertrude M. Seuell
6. (c) Age of husband or wife 22
7. Birth date of deceased October 22 1868
(Month) (Day) (Year)

Immediate cause of death Cancer of Prostate
Duration _____

8. AGE: Years 78 Months 7 Days 20
If less than one day hr. _____ min. _____

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

9. Birthplace: Platte City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name John Seuell
13. Birthplace Platte City Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Shannon
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant J. M. Seuell
(b) Address Wheeling, Missouri R.R.

17. (a) Burial (b) Date thereof 6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wheeling

18. (a) Signature of funeral director Norman Funeral Home

(b) Address Chillicothe, Missouri

19. (a) June 20, 47 (b) Mo. Budie Kelley
(Date received local registrar) (Registrar's signature)

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) _____
(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 2
23. Signature A. H. Bryan (M.D. or other) all
Address Wheeling, Mo. Date signed 7/12/47

SEP 18 1947

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Elton R. ...* ..
Licensed Embalmer No. 4036 ..
P. O. Address Chillicothe, 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.