

FILED JUL 14 1947

State File No. _____

Registration District No. 209

Primary Registration District No. 5760

Registrar's No. 47

1. PLACE OF DEATH:
 (a) County Marion
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Fabius Township
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Life time (Specify whether
 In this community Life time years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Marion
 (c) City or town Rural (If outside city or town limits, write "RURAL")
 (d) Street No. Fabius Township (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clara Belle Seymour
 (b) If veteran, name war No
 (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month June day 28
 year 1947 hour 7 minute 30 p. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 (b) Name of husband or wife _____ (c) Age of husband or wife if
 alive years 26 1867
 7. Birth date of deceased: (Month) September (Day) 26 (Year) 1867

21. I hereby certify that I attended the deceased from Oct 4/6 to June 28 4/7
 that I last saw him alive on June 28 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 9 Days 2 If less than one day
 hr. _____ min. _____

Immediate cause of death: Pulmonary edema & Cardiac failure
 Due to Myocardial infarction
 Due to _____

9. Birthplace: Marion County, Mo. (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: Of operations MI
 Of autopsy _____

10. Usual occupation: At Home

11. Industry or business _____
 12. Name W.L. Seymour
 13. Birthplace Kentucky (City, town, or county) (State or foreign country)
 14. Maiden name Susie Shacklett
 15. Birthplace Missouri (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?
 While at work? (Specify type of place) _____ (c) Means of injury 0

16. (a) Informant Harry Seymour
 (b) Address Palmyra, Mo.
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/47 (Month) (Day) (Year)
 (c) Place: burial or cremation Greenwood Cemetery
 18. (a) Signature of funeral director Lewis Brown
 (b) Address Palmyra, Mo.
 19. (a) 7-2-47 (Date received local registrar) (b) Anola Keen, Deputy (Registrar's signature) Address Palmyra, Mo. Date signed 7/1/47

3. Signature W. H. Mess (M. D. number) _____
 Address Palmyra, Mo. Date signed 7/1/47

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

MOTHER FATHER

Duration See Works
 Underline the cause to which death should be charged statistically.

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..... *Geo. Lewis*

Licensed Embalmer No. *2382*

P. O. Address. *Palmyra, 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.