

FILED OCT 24 1947
Registration District No. 172

Primary Registration District No. 3309

Registrar's No. 26

1. PLACE OF DEATH: *McDonald*

(a) County: _____

(b) City or town: *Nail*
(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: *7 years*
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: *MO* (b) County: *McDonald*

(c) City or town: *Nail*
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A? _____ years.

3. (a) PRINT FULL NAME: *Ayres Benjamin Seese*

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

4. Sex: *MO* 5. Color or race: *W* 6. (a) Single, widowed, married, divorced: *Married*

6. (b) Name of husband or wife: *Juanita Seese* 6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: *March 1 1913*
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Sept* day *29*
year *1947* 2 hour _____ minute *2* A.M.

21. I hereby certify that I attended the deceased from *Aug 15*, 1947, to *Sept 29*, 1947
that I last saw him alive on *Sept 24*, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years *72* Months *6* Days *28* If less than one day _____ hr. _____ min.

9. Birthplace: *Mumuk Illinois*
(City, town, or county) (State or foreign country)

10. Usual occupation: *R R Engineer*

11. Industry or business: _____

12. Name: *unknown* 9

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

14. Maiden name: *unknown* 9

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

Immediate cause of death: *Myocardial infarction* 3 days

Due to: *subacute endocarditis* 2 months

Due to: _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: *92 P*

Of operations: _____

Of autopsy: _____

PHYSICIAN: _____
Underline the cause to which death should be charged statistically.

16. (a) Informant: *Juanita Seese*
(b) Address: *Nail MO*

17. (a) *Burial* (b) Date thereof: *Sept 29 47*
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: *Anderson*

18. (a) Signature of funeral director: *E R Smith*
(b) Address: *Devette Ark*

19. (a) *10-10-47* (b) *Virginia Buck*
(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? _____

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature: *E D Fountain* (M. D. or _____) 20
Address: *Nail MO* Date signed: *Sept 30*

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

RECEIVED

District Health Officer No. 6;

District File Number 1047-1082

Date filed OCT 20 1947

OCT 27 1947

DEC 8 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.....

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

Signed E. R. Pyatt

Licensed Embalmer No. 3211

P. O. Address Siloam Springs, Ar.

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, above space should be left blank.