No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 21 1947

Registration District No. 376

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3060

State File No. 35434

Registrar's No. 344

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington
(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 lifetime
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Farmington 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Nanc y Adeline Sebastian

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 W 2

6. (b) Name of husband or wife Benjamin Franklin Sebastian

6. (c) Age of husband or wife if years

7. Birth date of deceased December 8 1851
(Month) (Day) (Year)

8. AGE: Years 95 Months 10 Days 1 If less than one day hr. min.

9. Birthplace near Farmington, Mo. 1
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Jesse Mason /
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elton Landrum
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Andrew Clark
(b) Address Farmington, Mo.

17. (a) b (b) Date thereof 10-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Parkview Cem.

18. (a) Signature of funeral director C. H. Cozean
(b) Address Farmington, Mo.

19. (a) 10-11-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1947 hour 10 minute 40 Ø pm

21. I hereby certify that I attended the deceased from 9-2-47, 1947, to Oct 9, 1947, that I last saw her alive on Oct. 7, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Apoplexy	6 weeks
Due to Generalized Cerebral Sclerosis	5 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 8 BA

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury P

23. Signature Geo. L. Watkins (M. D. ~~or other~~)
Address Farmington Mo Date signed Oct 11-1947

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

District Health Officer No. 4
District File Number 1047-1343
Date Filed 10-20-47

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 C. H. Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington, 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.