No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1948

Registration District No. 3379

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4526

State File No. 44041

Registrar's No.

1. PLACE OF DEATH:

(a) County: Vernon

(b) City or town: Sheldon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Sheldon County 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)

In this community .....

2. USUAL RESIDENCE OF DECEASED:

(a) State: Texas (b) County: 999

(c) City or town: Henderson 41
(If outside city or town limits, write "RURAL")

(d) Street No. 0 2
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME: Edward Gray Sebastian

3. (b) If veteran, name war: W.W. 2

3. (c) Social Security No. 461-24-7649

4. Sex: male

5. Color or race: white

6. (a) Single, widowed, married, divorced: married

6. (b) Name of husband or wife: Ruby Sebastian

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

7. Birth date of deceased: Aug 1, 1911 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	4	6	..... hr. ..... min.

9. Birthplace: Garland (City, town, or county) Texas (State or foreign country)

10. Usual occupation: Truck driver

11. Industry or business: Atlas Van Lines, Chicago.

FATHER
12. Name: Birdel Sebastian
13. Birthplace: Texas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Mattie
15. Birthplace: Miss. (City, town, or county) (State or foreign country)

16. (a) Informant: Ruby Sebastian

(b) Address: Henderson, Texas

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12-19-47 (Month) (Day) (Year)

(c) Place: burial or cremation: Dallas, Texas

18. (a) Signature of funeral director: Marsh Eichinger

(b) Address: Nevada, Mo

19. (a) Dec 22 1947 (Date received local registrar) (b) Mrs. Ruth Roth (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 17 year 47 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Heart attack Coronary Thrombosis found dead in	
Due to: Toxemia Chronic	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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: 12-17-47

(c) Where did injury occur? Sheldon (City or town) Vernon (County) Mo (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: 2

23. Signature: Marsh Eichinger (M. D. or other) Coroner

Address: Nevada, Mo Date signed: 12-18-47

(Licensed Embalmer's Statement on Reverse Side)

MAR 5 1948
12-47-8003

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 Mark Eichinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.