No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 9 1948

Registration District No. .....

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18555

Primary Registration District No. 3000

Registrar's No. 220

1. PLACE OF DEATH:
(a) County: Adair
(b) City or town: Kirksville (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 102 E. HARRISON STREET (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: 81 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Adair
(c) City or town: Kirksville, Missouri (If outside city or town limits, write "RURAL")
(d) Street No.: N. Franklin 3 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: HENRY GILBERT SEBREE
3. (b) If veteran, name war: no
3. (c) Social Security No.: .....
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: MARGARET EMMER SEBREE
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: July (Month) 15 (Day) 1866 (Year)

8. AGE: Years 81 Months 11 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace: Greentop (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: FARMER (RETIRED)
11. Industry or business: —

FATHER
12. Name: JOHN SEBREE
13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: SARAH STEW
15. Birthplace: unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant: John Sebree
(b) Address: Kirksville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-30-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Greentop Mo.
18. (a) Signature of funeral director: Robert B. Davis
(b) Address: Kirksville Mo.
19. (a) 6-29-48 (Date received local registrar) (b) Kate Lambert (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28 year 1948 hour 8 no minute 30 a.m.
21. I hereby certify that I attended the deceased from June 28, 1948 to June 28, 1948 that I last saw him alive on June 28, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
myocarditis acute	✓
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature: R. O. Stiblen (M. D. or other) MD
Address: Kirksville Mo. Date signed 6-28-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-48-1193
Date Filed JUL 7 - 1948

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 Shane L. Taylor, Registered Apprentice No. 436, working under my personal supervision.

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.