

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 36134
Registrar's No. 103

FILED DEC 7 1948
Registration District No. 1030

Primary Registration District No. 4194

1. PLACE OF DEATH:
(a) County Gentry
(b) City or town Albany
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months (Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Inez Jewel Seat
(b) If veteran, name war _____ (c) Social Security No. _____

4. Sex female / 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Jay B. Seat 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased May 14 1896
(Month) (Day) (Year)

8. AGE: Years 52 Months 6 Days 4 If less than one day hr. _____ min. 0

9. Birthplace Denver, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business _____

MOTHER FATHER

12. Name George Stanton
13. Birthplace Denver, Missouri
14. Maiden name Elizabeth Brunillo
15. Birthplace Unk. Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Jay B. Seat
(b) Address Albany, Mo. R.F.D.

17. (a) Burial (b) Date thereof 11-21-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Friendship

18. (a) Signature of funeral director Walter Brooks
(b) Address Albany, Missouri

Nov 22 - 1948 (Date received local registrar) Armer N. DeBater (Registrar's signature) 103

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Nov. day 18
year 1948 hour 10 minute 55 P M.

21. I hereby certify that I attended the deceased from June, 1930, to 11-18, 1948
that I last saw him alive on 11-18, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to arterial hypertension 18yrs.
Due to Ch. nephrosis 18yrs.
acute - 3 attacks taking of Preg.
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
18yrs.
18yrs.

Major findings:
Of operations _____
Of autopsy _____
ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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

22. If death was due to external causes, fill in the information:
(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 Frank H. Rose (M. D. or other) 11-19-48
Address Albany, Mo. Date signed M.D.

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

MAY 2 1956

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 me

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

Signed *Charles E. Brooks*
Licensed Embalmer No. 3329

P. O. Address Albany, 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.

2B
3-45
X43880

State File No. 111
Registrar's No. 103

Registration District No. 120 Primary Registration District No. 4194

1. PLACE OF DEATH:

(a) County Gentry Albany

(b) City or town Albany
(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 _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Inez J. Seet

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 m

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

7. Birth date of deceased May 14
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr - Day 18 - Year 1948 hour _____ minute _____ M.

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

Immediate cause of death _____

Duration _____

Due to As stated there were 3 pregnancies many years ago. These cause: nephritis, bacterial hypertension, myocarditis

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

Major findings:
Of operations _____

Of autopsy 1315

Underline the cause to which death should be charged statistically.

8. AGE: Years 52 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country) NO

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____ (b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____ (b) Address _____

19. (a) _____ (b) _____
(Data 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? _____ Means of injury _____

23. Signature Frank H. Rose (M. D. or other) _____
Address _____ Date signed _____

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

SUPPLEMENTAL

MOTHER FATHER

S-36134

1950
1951
1952
1953
1954
1955
1956
1957
1958
1959
1960
1961
1962
1963
1964
1965
1966
1967
1968
1969
1970
1971
1972
1973
1974
1975
1976
1977
1978
1979
1980
1981
1982
1983
1984
1985
1986
1987
1988
1989
1990
1991
1992
1993
1994
1995
1996
1997
1998
1999
2000
2001
2002
2003
2004
2005
2006
2007
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2025