

FILED FEB 12 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1569

Do not use this space.

1. PLACE OF DEATH

- (a) County Barry Registration District No. 30
 (b) Township Monett Primary Registration District No. 5040 Registered No. 15
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- 40-3 Celine Seel
 (a) Residence, No. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Robert Seel</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6, 1848</u>		
7. AGE	YEARS	MONTHS
	<u>91</u>	<u>1</u>
		DAYS
		<u>11</u>
		If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Home</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Barry Co. Mo.</u>		
FATHER	13. NAME <u>Asa Hassil Warmington</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>	
MOTHER	15. MAIDEN NAME <u>Nancy Green</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT (ADDRESS) <u>Mrs. Hassil Browning</u> <u>Monett, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Walnut Grove</u> DATE <u>Jan. 29, 1940</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Blumkessner's</u> <u>Monett - Purdy</u>		
20. FILED <u>1-29-40</u> <u>W. M. West</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27, 1940

22. I HEREBY CERTIFY That I attended deceased from Jan. 15, 1940 to Jan. 27, 1940
 I last saw her alive on Jan. 20, 1940 Death is said to have occurred on the date stated above, at 12:10 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
 Date of onset 1-14-40

Other contributory causes of importance:
Senility

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur?..... (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify
 (Signed) Fred T. Hargrave, M. D.
31 (Address) Monett, Missouri

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

127200

RECEIVED

District Health Officer No. 6.

License File Number 240 380

Date Filed FEB 10 1940

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed L. H. Blankenship

Licensed Embalmer No. 2397

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.)