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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 21978

Registration District No. 411 Primary Registration District No. 2002 Registrar's No.

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Johns Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)
In this community 2 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin
(If outside city or town limits, write "RURAL")
(d) Street No. 611 Connor Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Patrick David Seward 630

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife No
6. (c) Age of husband or wife if alive No years
7. Birth date of deceased February (Month) 25 (Day) 1937 (Year)

8. AGE: Years 3 Months 3 Days 18 If less than one day hr. min.

9. Birthplace Centralia (City, town, or county) Illinois (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Wesley Seward
13. Birthplace Bartlesville (City, town, or county) Oklahoma (State or foreign country)

MOTHER
14. Maiden name Ella May Hutson
15. Birthplace Van Buren (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Ella May Seward
(b) Address 611 Connor Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-18-40 (Month) (Day) (Year)
(c) Place: burial or cremation Greenlawn Cem. Springfield, Missouri
18. (a) Signature of funeral director Hurlburt Und Co
(b) Address 212 Joplin St. Joplin, Mo.
19. (a) 6-17-40 (Date received local registrar) (b) Ed D Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 1940 hour 3 minute P. M.

21. I hereby certify that I attended the deceased from June 6, 1940 to June 15, 1940 that I last saw h. was alive on June 15, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic meningitis — Duration (?)
Due to mixed infection
no meningococcus found
Due to
Other conditions cachexia, anemia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

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) no
(b) Date of occurrence no
(c) Where did injury occur? no (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? 3-12 (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D.)
Address 616 Frisco Bldg Joplin Mo. Date signed 6-17-40

(Licensed Embalmer's Statement on Reverse Side)

40-7-217

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 Steve D Parker

Licensed Embalmer No. 2648

P. O. Address Joplin 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, above space should be left blank.