

No. 2
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FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4455

Registration District No. 796

Primary Registration District No. 3038

State File No. _____

Registrar's No. 5

1. PLACE OF DEATH

(a) County Saline
(b) City or town Marshall Mo
(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 _____ (Specify whether)
In this community 3 months years, months or days

3. (a) PRINT FULL NAME Virving J. Seales

3. (b) If veteran, name war No. 3. (c) Social Security No. ✓

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased Jan 29 1859
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 5 If less than one day _____ hr. _____ min.

9. Birthplace Hopkirk Co. Tenn (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Ellis Seales

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

14. Maiden name Betty Tucker

15. Birthplace Washley Co. Tenn (City, town, or county) (State or foreign country)

16. (a) Informant H. J. Seales

(b) Address 657 West Porter St. Marshall Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 6 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Wesleyan Church

18. (a) Signature of funeral director Cauphrel Lewis

(b) Address Marshall Mo.

19. (a) 1-6-41 (Date received local registrar) (b) Myary Kent (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline
(c) City or town Marshall (If outside city or town limits, write "RURAL")
(d) Street No. 657 West Porter (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4 year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec 30 1940 to Dec Jan 4 1941; that I last saw him alive on Jan 4 1941 and that death occurred on the date and hour stated above.

Immediate cause of death 9. L.V. with Bronchial Pneumonia

Due to _____

Due to _____

Other conditions Pulmonary Tuberculosis (Include pregnancy within 3 months of death)

Major findings: Of operations X Of autopsy X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) X

(b) Date of occurrence X

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? _____ (Specify type of place) (e) Means of injury: _____

23. Signature A. C. Truman (M. D. or other) D Address Marshall Mo Date signed 1-4-41

Duration

6 da

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-12-41

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 Jan N. Ruse
Licensed Embalmer No. 1171
P. O. Address Marshall St

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.