

Registration District No. 875

Primary Registration District No. 6162

1. PLACE OF DEATH:

(a) County Vernon
(b) City or town Washington Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital No 3 Nevada, mo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 yrs 10 months
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene
(c) City or town Republic
(If outside city or town limits, write "RURAL")
(d) Street No. Net 1st Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

8. (a) PRINT FULL NAME William T. Seaman

8. (b) If veteran, name war _____ 8. (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 _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year) 1872

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

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name W. T. Seaman

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

14. Maiden name Net Kansas

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

16. (a) Informant State Hospital Records (b) Address Nevada, mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10-20-41 (Month) (Day) (Year)

(c) Place: burial or cremation Springfield, mo

18. (a) Signature of funeral director State Funeral Service

(b) Address Nevada, mo

19. (a) 10-20-41 (Date received local registrar) (b) Allen V. Hoops (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th year 1941 hour 5 minute 50 A. M.

21. I hereby certify that I attended the deceased from August 24th, 1939, to Oct 20th, 1941; that I last saw him alive on Oct 19th, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Arterio Sclerotic Heart Dis

Due to _____

Due to _____

Other conditions Gen. Arterio Sclerosis (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no

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) _____ (e) Means of injury _____

23. Signature G. S. Waraich (M. D. or other)

*Address State Hospital, Nevada, mo Date signed 10/20/41

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

108
0
6

RECEIVED

District Health Officer No. 7,

District File Number 11-41-1826

Date Filed 11-2-41

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 Allen V. Hoops

Licensed Embalmer No. 1968

P. O. Address Nevada, 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.