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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 16 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

22101

State File No.

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. 46

1. PLACE OF DEATH:

(a) County Ray Co. Mo.
(b) City or town Richmond Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community all Her Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County..... 89
(c) City or town..... (If outside city or town limits, write "RURAL") 1
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Emma Seek

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

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife John Seek Deceased
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased July 24 th. 1871.
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1942 hour 9 minute A. M.
21. I hereby certify that I attended the deceased from 1-15 1942 to 6-24 1942
that I last saw her alive on 6-23-42 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 11 Days If less than one day hr. min.

Immediate cause of death.....
Organic Heart Disease
(Mitral Stenosis) ?
Due to.....
Due to.....
Other conditions Epilepsy ?
(Include pregnancy within 3 months of death)

9. Birthplace Iowa. (City, town, or county) (State or foreign country)
10. Usual occupation House keeper

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
12. Name John Lipincott
13. Birthplace Iowa. (City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Lipincott
15. Birthplace Iowa. (City, town, or county) (State or foreign country)

16. (a) Informant Walter Lee Gornit
(b) Address Kansas City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 25 th. 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Hardin Mo.

18. (a) Signature of funeral director JTB Brothers
(b) Address Richmond Mo.

19. (a) June 25, 1942 (b) Muchaw W. Shepard
(If 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..... (Specify type of place) (e) Means of injury.....
23. Signature Stos J. Cook (M. D. or other) D
Address Richmond, Mo. Date signed 6-25-42

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

1280

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 7-14-42

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.....

J. B. Brothers

Registered Apprentice No.....

working under my personal supervision.

Brothers Funeral Home

Signed.....

J. B. Brothers

Licensed Embalmer No.....

2001.

P. O. Address..... Richmond 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.

Registration District No. 744

Primary Registration District No. 3035

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Richmond
(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

3. (a) PRINT FULL NAME Emma Seck

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 w

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 24 1879
(Month) (Day) (Year)

8. AGE: Years 90 Months 11 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

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) June 25, 1942 (b) Mrs. Chas. W. Sheppard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray

(c) City or town Richmond, Mo.
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June year 1942 hour _____ minute _____ M.

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

Immediate cause of death _____

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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) _____

(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 _____ (M. D. or other) _____

Address _____ Date signed _____

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

SUPPLEMENTARY

S-22101