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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

25431

State File No.

Registration District No. ~~808~~ 375 Primary Registration District No. ~~6050~~ 6098 Registrar's No. 16

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Rural Liberty
(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 (Specify whether years, months or days) In this community none

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Schuyler
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Lancaster, Mo.
(If rural, give location)
(e) If foreign born, ~~how long in U. S. A.~~? No 0 years.

3. (a) PRINT FULL NAME Lewis C. Seamster

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband or wife Anna L. Seamster

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased 6 (Month) 14 (Day) 1865 (Year)

8. AGE: Years 77 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Schuyler (City, town, or county) Mo. (State or ~~foreign country~~)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John M. Seamster
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Elizabeth Mercer
15. Birthplace (City, town, or county) Ky. (State or foreign country)

16. (a) Informant J. C. Brown
(b) Address Lancaster, Mo.

17. (a) Burial (~~Burial, cremation, or removal~~) (b) Date thereof 7 20-42 (Month) (Day) (Year)
(c) Place: burial or cremation Arsi Memorial

18. (a) Signature of funeral director C. D. Fenton
(b) Address Lancaster, Mo.

19. (a) July 21, 1942 (Date received local registrar) (b) A. A. Justice (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1942 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 9, 1940, to July 15, 1942, that I last saw him alive on July 12, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to Nephritis

Due to Arterio-sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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

23. Signature R. E. Vaughn (M. D. or other) D.O.
Address Lancaster, Mo. Date signed July 18, 1942

1218 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
Filed File Number 8-42-1302
Date Filed AUG - 4 1942

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~~ C. O. Fenton, Registered Apprentice No. 3705 working under my personal supervision.

Signed C. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

. S. No. 2B
DM—8-21-41
I X29288

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. 25431

Registration District No. 325 Primary Registration District No. 6098 Registrar's No.

1. PLACE OF DEATH:
(a) County Schuyler
(b) City or town Rural
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lewis C. Seamster
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 14 (Day) 1864 (Year)
8. AGE: Years 77 Months 1 Days If less than one day hr. min.
9. Birthplace (City, town, or county) Mo (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) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July Day 18 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death myocardial degeneration	
Due to nephritis chronic	
Due to arteriosclerosis	
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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY

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