V. S. No. 2
DM—9-4-41
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31495

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 144

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:
East Porter St. 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 Six weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97
(c) City or town Marshall 1
(If outside city or town limits, write "RURAL") 2
(d) Street No. 315 E. Porter
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Minnie Lee Seay

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

4. Sex Female 1
5. Color or race White
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Bryce Seay
6. (c) Age of husband or wife if alive 75 years
7. Birth date of deceased Nov. (Month) 1, 1878 (Day) [redacted] (Year)

8. AGE: Years 63 | Months 10 | Days 11 | If less than one day ___ hr. ___ min.

9. Birthplace Hardeman (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business " "
FATHER
12. Name David Soper
13. Birthplace Lexington, (City, town, or county) Ky. 1 (State or foreign country)
MOTHER
14. Maiden name Laura Piper
15. Birthplace Saline Co. (City, town, or county) Mo. 0 (State or foreign country)
16. (a) Informant Ed. Soper
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 14, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge P. Cemetery
18. (a) Signature of funeral director J. Leslie Sweeney
(b) Address Marshall Mo.
19. (a) Sept. 15-42 (Date received local registrar) (b) Mrs. T. O. Westbrook (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12
year 1942 hour seven minute 30 P. M.
21. I hereby certify that I attended the deceased from July 22, 1942, to Aug 12, 1942
that I last saw her alive on Sept 12, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Dropsy	broke
Due to Aortic Incompetency	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 92a	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature G. C. Emmerson (M. D. or other)
Address Marshall Mo. Date signed 9-14-42

1215 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 10-9-42

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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed J. Leslie Dussney

Licensed Embalmer No. 3735

P. O. Address Marshall, 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.