

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9873**
Registrar's No. **103**

Registration District No. **53**

Primary Registration District No. **3010**

16
1
4

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

1. PLACE OF DEATH:

(a) County **CAPE GIRARDEAU**

(b) City or town **CAPE GIRARDEAU**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **SOUTH-EAST-MO-HOSPITAL**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **4 hours**
(Specify whether)

In this community **4 hrs.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED: **16**

(a) State **Missouri** (b) County **Cape Girardeau**

(c) City or town **JACKSON**
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? **no** (Specify No)
If yes, name country _____

3. (a) PRINT FULL NAME **DE WANDA-VIOLA SEABAUGH**

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 **0**

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

7. Birth date of deceased **November 6 1941**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

1 4 24 hr. _____ min.

9. Birthplace **Cape Girardeau Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **baby**

11. Industry or business _____

12. Name **Wilbert S. Seabaugh**

13. Birthplace **Patton Mo**
(City, town, or county) (State or foreign country)

14. Maiden name **Minnie Viola Patterson**

15. Birthplace **Patton Mo**
(City, town, or county) (State or foreign country)

16. (a) Informant **Wilbert S. Seabaugh**

(b) Address **Jackson Mo**

17. (a) **Burial** (b) Date thereof **3-31-1943**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Russell Heights**

18. (a) Signature of funeral director **Wilson Stally Seabaugh**

(b) Address **Jackson Mo**

19. (a) **3-31-43** (b) **F.H. Phelps**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **30**
year **1943** hour **2** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **March 28 1943 to March 30 1943**
that I last saw him alive on **March 29 1943**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pneumonia**
coelch

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) **107**

PHYSICIAN

Major findings: _____
Of operations _____
Of autopsy _____

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 **Jackson Mo** (M. D. or other) _____
Address _____ Date signed **3-30-43**

RECEIVED

District Health Officer No. 4
District File Number 443-2070
Date Filed 4-7-43

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 Glenn Wilson

Licensed Embalmer No. 2878

P. O. Address Jackson 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.