

No. 2
5-17-36
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20919

ED JUL 6 1943

State File No.

Registration District No. 43

Primary Registration District No. 5143

Registrar's No. 201

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town 7 1/2 miles from Poplar Bluff, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1 Poplar Bluff Hwy
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEW YORK (b) County 999

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

(d) Street No. 1224 BELLEVUE AVE 23
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 2

3. (a) PRINT FULL NAME SEYMOUR E. AUBORN

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1943 hour 12:00 minute noon M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;
that I last saw h..... alive on....., 19.....;
and that death occurred on the date and hour stated above.

4. Sex Male 0 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 July 30 1915
(Month) (Day) (Year)

Immediate cause of death Complete destruction of vital centers and 3rd degree burns.

Due to Aircraft crash

Due to.....

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

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8. AGE: Years Months Days If less than one day
27 10 hr. min.

9. Birthplace Syracuse New York
(City, town, or county) (State or foreign country)

10. Usual occupation Aviator

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business Army of the United States

MOTHER FATHER { 12. Name Seymour J. Auborn

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

14. Maiden name Unknown

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... Accident 012

(b) Date of occurrence..... May 29, 1943

(c) Where did injury occur? 7 1/2 miles from Poplar Bluff, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Plane crashed in open field
While at work? Yes (Specify type of place) (e) Means of injury Plane crash

23. Signature Jimm Paulk Capt M.C.
Address WRAAF, Walnut Ridge, Ark. Date signed 5/30/43

16. (a) Informant Personnel Department

(b) Address WRAAF, Walnut Ridge, Arkansas

17. (a) REMOVAL (b) Date thereof MAY 30, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SYRACUSE N.Y.

18. (a) Signature of funeral director Wahnut Ridge Ark

(b) Address 7-1-43

19. (a) 7-1-43 (b) Belle Kinne
(Date received local registrar) (Registrar's signature)

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(Licensed Embalmer's Statement on Reverse Side)

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.