

S. No. 2
M-542
V-6-17-39
X3272

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21664

ED JUL 12 1943

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 10

1. PLACE OF DEATH:

(a) County JASPER
(b) City or town ALBA
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: GENERAL Delivery
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 6 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Halman Seth

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 Florence May Seth 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb 21 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 3 28 hr. min.

9. Birthplace Rising Sun Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Retired carpenter & miner

11. Industry or business _____

MOTHER FATHER { 12. Name Seth
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)

16. (a) Informant Mrs Florence Seth
(b) Address ALBA - MO

17. (a) BURIAL (b) Date thereof 6-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Friends Cemetery

18. (a) Signature of funeral director Knell mortuary
(b) Address Carthage, Mo.

19. (a) JUNE 24 1943 (b) Madellie Eagle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1943 hour 8 minute 1 M.

21. I hereby certify that I attended the deceased from March 10 1943 to June 19 1943
that I last saw him alive on 6-19-43, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral Tuberculosis 9 mo

Due to Silicosis

Due to 12 yr

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Bilateral Tuberculosis & Silicosis, renal Tuberculosis

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 Hotel B... 50 (M. D. or other)
Address 6-24 ALBA Date signed _____

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

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1140

(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN

Underline the cause to which death should be charged statistically.

43-6-525

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.....

Embalmed by me
working under my personal supervision.

Registered Apprentice No.

Signed *Emmalynne*

Licensed Embalmer No. *391*

P. O. Address *Carthage*

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.