

FILED JAN 10 1944

Registration District No. 37

Primary Registration District No. 5183

1. PLACE OF DEATH:

(a) County Cape Girardeau  
(b) City or town Rural Burlington  
(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)  
In this community 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2 miles west Jackson Mo  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JULIANN CRITES

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

4. Sex F 5. Color or race W  
6. (a) Single, widowed, married, 2 divorced widowed  
6. (b) Name of husband or wife John H. Crites  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Dec 20 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
87 11 16 hr. \_\_\_\_\_ min.

9. Birthplace Bollinger Co Missouri  
(City, town or county) (State or foreign country)

10. Usual occupation house wife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Allen Seabaugh  
13. Birthplace Sedgewickville Mo  
(City, town or county) (State or foreign country)  
14. Maiden name Barbara Stutler  
15. Birthplace Sedgewickville Mo  
(City, town or county) (State or foreign country)

16. (a) Informant Walter Crites  
(b) Address Jackson Mo

17. (a) Buried (b) Date thereof 12-8-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Salem Dairy Mo

18. (a) Signature of funeral director William Staley Seabaugh

(b) Address Jackson Mo

19. (a) 12-7-43 (b) John Neuhues  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 4  
year 1943 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from Nov 29 1943 to Dec 5 1943  
that I last saw her alive on Nov 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplexy  
arterio sclerosis  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Chronic Hypertension  
(Include pregnancy within 3 months of death)

Major findings: 12LF  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 W. Staley Seabaugh (M.D. or other) \_\_\_\_\_  
Address Jackson Mo Date signed 12-7-43

Duration 6 days  
Physician \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

1600

RECORDED

District Health Office No. 4  
District File Number 144-3211  
Date Filed 1-8-44

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**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. 2828

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.**