

FILED JAN 13 1944

Registration District No. **325**

Primary Registration District No. **6095**

Registrar's No. **99**

1. PLACE OF DEATH:

(a) County Schuyler

(b) City or town Tabula - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: none

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community 63 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Schuyler ⁹⁸

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

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

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: _____

3. (a) PRINT FULL NAME Earnest Elbert Seamster

3. (b) If veteran, name war: C

3. (c) Social Security No. C

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased: mar 28 1875
(Month) (Day) (Year)

8. AGE: Years 64 Months 8 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Near Downing mo A
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name J. O. Seamster

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

14. Maiden name Elizabeth Haley

15. Birthplace mo A
(City, town, or county) (State or foreign country)

16. (a) Informant Cora Seamster

(b) Address Downing mo.

17. (a) Burial (b) Date thereof Dec 11 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crowder

18. (a) Signature of funeral director Lloyd Moore

(b) Address Downing mo.

19. (a) Dec 14 1943 (b) A. O. Justice
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9 year 1943 hour 7 minute 0 M.

21. I hereby certify that I attended the deceased from Dec 9 1943 to Dec 11 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Arteriosclerosis

Due to _____

Other conditions (include pregnancy within 3 months of death) 30!

Major findings: Of operations _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature H. E. Gerwing (M. D. or other)

Address Downing mo Date signed Dec 14 1943

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

1218

RECEIVED
District Health Officer No. 10
District File Number 1-44-164
Date Filed JAN 12 1944

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

Signed Lloyd Moore
Licensed Embalmer No. 3151
P. O. Address Downing 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.