. S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 19 1945

Registration District No. 104

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5424

State File No. 2134

Registrar's No. 33

1. PLACE OF DEATH:
(a) County Dunklin
(b) City or town Wilhelmina "Rural"
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Union Twp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community — years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Dunklin 35
(c) City or town Wilhelmina Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Union Twp
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William Raphael Seely
3. (b) If veteran, name war —
3. (c) Social Security No. 494-09-0775
4. Sex Male
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Viola Seely
6. (c) Age of husband or wife if alive 36 years
7. Birth date of deceased October (Month) 24 (Day) 1901 (Year)

8. AGE: Years 43 Months 1 Days 17 If less than one day hr. min.

9. Birthplace Hartford City, Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Farming
11. Industry or business —
FATHER
12. Name Dominic Vincent Seely
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Lily Davis
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Viola Seely
(b) Address Campbell, Mo. R3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-44 (Month) (Day) (Year)
(c) Place: burial or cremation Wilhelmina
18. (a) Signature of funeral director Landess Funeral Home
(b) Address Campbell Mo
19. (a) 12-13-44 (Date received local registrar) (b) Mrs. L. P. Oliver (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11 year 1944 hour minute 2:00 P.M.
21. I hereby certify that I attended the deceased from Nov. 27th, 1944 to Dec. 9th, 1944 that I last saw him alive on Dec. 9th, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	10 min.
Due to	
Due to 94a	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Wallace Bilsey (M. D. or other) MD
Address Campbell Mo Date signed 12/13/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 145-108
Date Filed 1-16-45

JAN 19 1956

JAN 25 1945

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 Christina M. Landers

Licensed Embalmer No. 4227

P. O. Address Campbell, 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.