

Registration District No. **316**

Primary Registration District No. **6074**

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Leadwood, Randolph, Va.  
(If outside city or town limits, write "RURAL" and name of township)

(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Francois

(c) City or town Leadwood **911**  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) **80**

(e) Citizen of foreign country? No (Yes or No) **0**

If yes, name country \_\_\_\_\_ **W**

3. (a) PRINT FULL NAME PATRICIA SEABOURNE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6  
year 1945 hour about 2 minute P. 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 M F | 5. Color or race W

6. (a) Single, widowed, married, divorced Child

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: June (Month) 11 (Day) 1934 (Year)

Immediate cause of death Coronary artery  
verdict: by accidental  
drowning

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years Months Days If less than one day

10 6 05 — hr. — min.

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

10. Usual occupation \_\_\_\_\_

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

12. Name Kenneth Seabourne

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

14. Maiden name Ethel Robinson

15. Birthplace Belgrade (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Alfred Seabourne

(b) Address Leadwood, Missouri

17. (a) Burial (b) Date thereof 1-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leadwood, Missouri

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address Leadwood, Missouri

19. (a) 1-10-45 (Date received local registrar) \_\_\_\_\_ (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) accident **094**

(b) Date of occurrence January 6, 1945

(c) Where did injury occur Near Leadwood St. Francois Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? while playing on ice on river  
(Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Paul J. Miller (M-D. or other) decedent

Address Farmington, Mo. Date signed 1/7/45

RECEIVED

District Health Officer No. 4  
District File Number 245-273  
Date Filed 2-20-45

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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

*Bert L. Boyer*

Licensed Embalmer No.

3445-

P. O. Address

Leadwood 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.**