V. S. No. 2
00M—2-43
ev. 5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37632

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Joplin (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 years, months or days) In this community All of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Joplin (If outside city or town limits, write "RURAL")
(d) Street No. 2408 Maiden Lane (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sylvia Louise Seward
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex f
5. Color or race W
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 8, 1942 (Month) (Day) (Year)

8. AGE: Years 3 Months 9 Days 16 If less than one day hr. min.

9. Birthplace Joplin (City, town, or county) Missouri (State or foreign country)
10. Usual occupation
11. Industry or business
FATHER
12. Name Wesley V Seward
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Ella May Hutson
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Wesley V Seward
(b) Address 2408 Maiden Lane
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-27-45 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cemetery Springfield, Mo
18. (a) Signature of funeral director PARKER-HUNSAKER
(b) Address 1502 Joplin, Joplin, Mo
19. (a) 11-27-45 (Date received local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24 year 1945 hour 8 minute 30 p.M.
21. I hereby certify that I attended the deceased from 11-23- 1945 to 11-24- 1945 that I last saw her alive on 11-24-45 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diphtheria (laryngeal)	3 days
Due to	
Due to	
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 R. A. Mahoney (M. D. or other) DO
Address Joplin, Mo Date signed 11/26/45

1404

(Licensed Embalmer's Statement on Reverse Side)

45-11-918

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.