

FILED FEB 11 1946 STANDARD CERTIFICATE OF DEATH

State File No. 2184

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 82

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5639 South 1st Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan //
(c) City or town St. Joseph /
(If outside city or town limits, write "RURAL")
(d) Street No. 5639 South 1st Street 7
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Losadie Seaman

3. (b) If veteran, name war none (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Clinton W. Seaman 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 10 1861 (Month) (Day) (Year)

8. AGE: Years 84 Months 2 Days 11 If less than one day hr. min.

9. Birthplace unknown Indiana / (City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
13. Birthplace unknown unknown / (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown unknown / (City, town, or county) (State or foreign country)

16. (a) Informant James R. Seaman

(b) Address St. Joseph, Mo.

17. (a) burial (b) Date thereof 1/23/46 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Mora

18. (a) Signature of funeral director Hector Betole & Bowman

(b) Address St. Joseph, Mo.

19. (a) Jan 24 1946 (b) [Signature] (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21st year 1946 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 3 1946 to Jan 21 1946 that I last saw her alive on Jan 19 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage > 24

Due to Hypertensive arteriosclerotic cardio vascular disease

Due to (Treated occasionally for five years)

Other conditions (Include pregnancy within 3 months of death) Senility

Major findings: Of operations _____ Of autopsy _____ (430)

Duration 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 [Signature] (M. D. or other) M.D. Address St. Joseph Mo Date signed 1-27-46

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

*No Charles S. Hamel
County Body.*

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 21 Jan 4
....., Registered Apprentice No.....
working under my personal supervision.

Signed Harold Bowman,
Licensed Embalmer No. 3619
P. O. Address St. Joseph, 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.