S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1946

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 16237

Registration District No. 107 Primary Registration District No. 30195422 Registrar's No. 121

**1. PLACE OF DEATH:**

(a) County Dunklin
(b) City or town Kennett Rural Ind. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home (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) 50 yrs

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo (b) County Dunklin 35
(c) City or town Kennett (If outside city or town limits, write "RURAL") 0
(d) Street No. Rural #3 (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Carl Allen Seats
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arizona Sides
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July (Month) 27 (Day) 1874 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 71 | 9 | 8 | ..... hr. ..... min. |

9. Birthplace Salem County Ill (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business Farmer
FATHER
12. Name John K. Seats
13. Birthplace ..... (City, town, or county) Ill (State or foreign country)
MOTHER
14. Maiden name Melvina Jennings
15. Birthplace ..... (City, town, or county) Ill (State or foreign country)
16. (a) Informant Mrs. C. A. Seats
(b) Address Kennett Rural #3
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation Gregory Cem
18. (a) Signature of funeral director Lentz Und Co
(b) Address Kennett E Mo
19. (a) 5-6-1946 (Date received local registrar) (b) Carl Husband (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 5 year 1946 hour 7 minute 30 P.M.
21. I hereby certify that I attended the deceased from Jan 1946 to May 5 1946 that I last saw him alive on on May 4 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage — Duration 5 days
Due to Hypertension 10 years
Arteriosclerosis 5 yrs
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 2
23. Signature Gwen J Gilmore DO (D. or other)
Address Kennett Mo Date signed 5-6-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 646-683
Date Filed 6-5-46

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 Walter A Hawkins

Licensed Embalmer No. 2002

P. O. Address Kennett 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.**