

FILED AUG 28 1947

Registration District No. 22

Primary Registration District No. 3011

Registrar's No. 224

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Carrollton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Dr. Atwood Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Seven Days.
(Specify whether
In this community Lifetime.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Carroll
(c) City or town Norborne Mo. R.R. I.
(If outside city or town limits, write "RURAL")
(d) Street No. Norborne, R.R. I.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Otto Paule Sebastian.

3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ruth Sebastian. 6. (c) Age of husband or wife if alive 41 years
7. Birth date of deceased March 27 1906
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 4 14 hr. min.

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

10. Usual occupation Farmer.

11. Industry or business

MOTHER FATHER

12. Name Henry N. Sebastian.
13. Birthplace State Kentucky.
(City, town, or county) (State or foreign country)
14. Maiden name Mary Sebastian.
15. Birthplace Carroll County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Ruth Sebastian
(b) Address Norborne Mo R.R. I.
17. (a) Burial (b) Date thereof 8/14/1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Fairhaven, Norborne.

18. (a) Signature of funeral director John D. Ditch
(b) Address Norborne Mo.
19. (a) 8/14/47 (b) Tom Netherland
(Date received local registrar) (Registrar's signature) 115

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August 12 day
year 1947 hour 6 minute 30 p.m.

21. I hereby certify that I attended the deceased from August 1, 1947, to August 12, 1947;
that I last saw him alive on August 12, 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma, Stomach Duration 2 yrs

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 4/6 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?

While at work? (Specify type of place) (c) Means of injury 0

23. Signature John H. Plath (M. D. or other)
Address Carrollton, Missouri Date signed 8/13/47

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 8-27-47

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 me.....

....., Registered Apprentice No.
working under my personal supervision.

Signed John G. Ditch.....

Licensed Embalmer No. 3654.....

P. O. Address Northmo.....

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.