No. 2
—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12325

FILED APR 28 1948

Registration District No. 437

Primary Registration District No. 5511

Registrar's No. 90

1. PLACE OF DEATH:
(a) County Henry
(b) City or town Rural Fields Creek Twp
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 5 Mi N & W of Clinton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Henry
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 5 Mi N & W of Clinton
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James M Seaton
3. (b) If veteran, name war
3. (c) Social Security No. ✓
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of ~~husband or~~ wife Sarah Seaton
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased 6 (Month) 5 (Day) 1866 (Year)

8. AGE: Years 81 Months 10 Days 16 If less than one day hr. min.

9. Birthplace Osage Co (City, town, or county) Mo (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Benjamine Seaton
13. Birthplace unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Bobb
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Homer Seaton
(b) Address Clinton Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation Englewood Cem
18. (a) Signature of funeral director Sickman & Dunning
(b) Address Clinton Mo
19. (a) 4-22-48 (Date received local registrar) (b) R R Kenney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21 year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased ~~from~~ on Apr 21, 1948 ~~to~~, 19..., that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Dont Know Dead when I reached him

Due to

Due to

Other conditions Arthritis Deformans
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 Ed. C. Peeler M.D. (M.D. or other)
Address Clinton Mo Date signed 4/22/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 3-48-444
Date Filed 4-22-48

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 J R Hausey
Licensed Embalmer No. 3682
P. O. Address Calhoun 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.