

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED NOV 24 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

37806
State File No. _____
Registrar's No. 366

Registration District No. 516

Primary Registration District No. 6075

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Esther, Mo.
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Francois
(c) City or town Esther, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 5th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lucy Seel.
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov day 9
year 1948 hour 6 minute 20
21. I hereby certify that I attended the deceased from Nov 7
1948 to Nov 9 1948
that I last saw her alive on Nov 7
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Luther Melvin Seel 6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 29 1880
(Month) (Day) (Year)

Immediate cause of death Cerebral hemorrhage Duration 4 days
Due to Hypertension 3 years
Due to arteriosclerosis & chronic nephritis
Other conditions _____
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
68 8 9 hr. min.

9. Birthplace Polosi, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Mrs. C. C. White
13. Birthplace Mo. (City, town, or county) (State or foreign country)
14. Maiden name Jane Lane
15. Birthplace Polosi, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Luther M. Seel (Husband)
(b) Address 5th St. Esther, Mo.

17. (a) Burial (b) Date thereof Nov. 11-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Francis Municipal Church

18. (a) Signature of funeral director Alvin W. Hood
(b) Address 303 Crane St. Flat River, Mo.
19. (a) 11-18-48 (b) Esther Rindley
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy 131
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 L. J. Stansfield (M. D. or other) MD
Address Cambridge Date signed 11/17/48

114-1456

EM - 1148-1456

Date Filed 11-22-48

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..... *Alvin W. Hood*

Licensed Embalmer No. *2780*

P. O. Address. *303 Crow St. Flak River, Va*

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.