

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 29 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39541

Registration District No. 53

Primary Registration District No. 3010

Registrar's No. 393

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

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: South East Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 wks
(Specify whether years, months or days) 5 wks

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Cape Girardeau
(c) City or town Cape Girardeau
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Beulah Mae Seabaugh

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

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married divorced Child

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Nov 6 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 7 hr. min.

9. Birthplace Cape Gir Co. MO U
(City, town, or county) (State or foreign country)

10. Usual occupation Inf

11. Industry or business _____

12. Name Leo W. Seabaugh

13. Birthplace Cape Gir Co. MO
(City, town, or county) (State or foreign country)

14. Maiden name Lura Seabaugh

15. Birthplace Bottinger Co MO U
(City, town, or county) (State or foreign country)

16. (a) Informant Leo Seabaugh

(b) Address Daisy MO

17. (a) Burial (b) Date thereof 12 14 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sargent's Cem.

18. (a) Signature of funeral director Wilson Stotter Seabaugh
(b) Address Jackson MO

19. (a) 12-20-48 (b) C. C. Summers
(Date received local registrar) (Registrar's signature) 1/1/49

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 13th day Dec.
year 1948 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov. 6, 1948, to Dec. 13, 1948, and that I last saw her alive on Dec 13, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death
Pneumonia - Bilob
pre-
Due to Prematurely
6-6 1/2 prior gestations
Stillborn birth.

Other conditions: (Include pregnancy within 3 months of death) 159

Major findings: Of operations: 159
Of autopsy: _____

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 Chas. Z. Harland (M. D. or other) _____
Address Cape Girardeau MO Date signed 12/14/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

TIVED

Health Officer No. 4

File Number 1248-16

Filed 12-28-40

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.....

Not Embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.