

No. 2  
-5-43  
5-27-39  
1' X36671

FILED DEC 21 1948

Registration District No. **53**

Primary Registration District No. **3010**

Registrar's No. **389**

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau Mo.

(c) Name of hospital or institution:  
St. Francis Hospital D  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days  
(Specify whether years, months or days)

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bollinger 3

(c) City or town Rural Sedgewickville 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Katie Mary Seabangh

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 Married

6. (b) Name of husband or wife M. W. Seabangh

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 1 1872  
(Month) (Day) (Year)

8. AGE: Years 76 Months 6 Days 10 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Bollinger County Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Stammer D

13. Birthplace Bollinger Co. Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Zoellner

15. Birthplace Perry County Mo. U  
(City, town, or county) (State or foreign country)

16. (a) Informant Miles W. Seabangh

(b) Address R. 7. R. Sedgewickville Mo.

17. (c) TOYAL (b) Date thereof 12/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedgewickville Mo.

18. (c) Signature of funeral director W. C. Jackson

(b) Address Jackson 7 Mo.

19. (a) 12-15-48 (b) W. C. Jackson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 11  
year 1948 hour 7th minute 05 A.M.

21. I hereby certify that I attended the deceased from 12-9-48  
to 12-11-48

that I last saw her alive on 12-10-48  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration 8 hrs

Due to Arterial sclerosis ?

Due to \_\_\_\_\_

Other conditions Interventricular fracture 5 days  
left hip  
Major findings: Interventricular fracture left hip

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) Accidental fall

(b) Date of occurrence Dec 7-1948

(c) Where did injury occur? R.R. Sedgewickville Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Fall in kitchen at home

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature R. C. Ritter, M.D. (M. D. or other)

Address Cape Girardeau Mo Date signed 12-14-48

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

RECEIVED  
Health Officer No. 4  
File Number 1248-158  
Date Filed 12-20-4

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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 *Joseph Allen*

Licensed Embalmer No. *4005*

P. O. Address *Jackson*

**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.**