

FILED AUG 14 1945
184

State File No.

Registration District No.

Primary Registration District No. 3038

Registrar's No. 570

1. PLACE OF DEATH:

(a) County Linn
(b) City or town Brookfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brookfield Hosp. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Linn 58
(c) City or town Purdin Mo 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lydia Ann Seals

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

4. Sex F m / 5. Color or race w
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife O. W. Seals 6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased Dec 5 1871
(Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 20 If less than one day hr. min.

9. Birthplace Sullivan Co Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation House Keeper

11. Industry or business

MOTHER FATHER { 12. Name Simon Helms
13. Birthplace County 9
(City, town, or county) (State or foreign country)
14. Maiden name County 9
15. Birthplace County 9
(City, town, or county) (State or foreign country)

16. (a) Informant J. S. High
(b) Address Brookfield Mo
17. (a) burial (b) Date thereof 6-28-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakwood-Milau

18. (a) Signature of funeral director Rehner

(b) Address Milau Mo

19. (a) 7-5-1945 (b) W. W. Cane
(Date received local registry) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25th
year 1945 hour 1 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 18
1944 to June 25, 1945
that I last saw her alive on June 25, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Burned to death, from
oil stove. lived about 3
Due to trauma after accident.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1st
Of autopsy none
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) accident 58
(b) Date of occurrence June 25, 1945
(c) Where did injury occur? Purdin Linn Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
in home

While at work? yes (Specify type of place) (c) Means of injury fire
from oil cook stove
23. Signature W. W. Cane (M. D. or other)
Address Purdin Mo Date signed 6/25/45

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

8/1/2

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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 Dwight Scherer
Licensed Embalmer No. 2667
P. O. Address Udell, 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.