

FILED APR 10 1946

Registration District No.

Primary Registration District No.

3010

Registrar's No.

111

1. PLACE OF DEATH:

(a) County Cape Girardeau
(b) City or town Blainey Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution S. E. Mo Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau
(c) City or town Blainey Mo.
(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

Divian Sebaugh.

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 M

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased Nov 16 1877

(Month) (Day) (Year)

8. AGE: Years 68 Months 4 Days 18

If less than one day
hr. _____ min. _____

9. Birthplace

Ballinger Co. Mo

(City, town, or county) (State or foreign country)

10. Usual occupation

Retired farmer

11. Industry or Business

12. Name Jefferson Sebaugh

13. Birthplace Ballinger Co. Mo

(City, town, or county) (State or foreign country)

14. Maiden name Margaret Hulis

15. Birthplace Cape Gir Co. Mo

(City, town, or county) (State or foreign country)

16. (a) Informant Delos Sebaugh

(b) Address Blainey Mo.

17. (a) Burial

(b) Date thereof 4/11/46
(Month) (Day) (Year)

(c) Place: burial or cremation Largest chapel

18. (a) Signature of funeral director W. Conroy

(b) Address Blainey Mo

19. (a) 4-3-1946

(b) G. G. Summers
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1946 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from 3-20 1946 to 3-30 1946
that I last saw him alive on 3-30 46 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 6 hrs
Due to Prnatale Smoging 3 days

Due to _____
Other conditions 370
(Include pregnancy within 3 months of death)

Major findings: Hypertrophy of Prnatale
Of operations _____
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) _____
(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 D. R. ... (M. D. or other) _____
Address Cape Girardeau Date signed 4-2-46

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

7670

16
14

RECEIVED

Health Officer No. 4
Certificate Number 446-1956
Date Filed 4-9-46

APR 26 1946

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 Thos H. Allen

Licensed Embalmer No. 4050

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.