

Standard Certificate of Death  
STATE OF OREGON

1. PLACE OF DEATH:  
 (a) County Klamath  
 (b) City or town Klamath Falls  
(If outside city or town limits write RURAL)  
 (c) Name of hospital or institution:  
Klamath Valley Hospital  
(If not in hospital or institution write street number or location)  
 (d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days)  
 In this community 2 days In state 2 days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Oregon (b) County Klamath  
 (c) City or town Klamath Falls (Rural)  
(If outside city or town limits write RURAL)  
 (d) Street No. 2539 Kane St.  
(If rural give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) FULL NAME Edward Seeley  
 3. (b) If veteran, name war \_\_\_\_\_ No. \_\_\_\_\_  
 3. (c) Social Security No. \_\_\_\_\_  
 4. Sex M race W 5. Color or \_\_\_\_\_  
 6. (a) Single, widowed, married, divorced - S  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife \_\_\_\_\_  
 7. Birth date of deceased October 13, 1944  
(Month) (Day) (Year)  
 8. Age: Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Klamath Falls Oregon  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Infant  
 11. Industry or business At Home  
 12. Name Arthur Gilbert Seeley  
 13. Birthplace Chico, California  
(City, town, or county) (State or foreign country)  
 14. Maiden name Ernestine Smith  
 15. Birthplace No Record No Record  
(City, town, or county) (State or foreign country)  
 16. (a) Informant's own signature A. H. Seeley  
 (b) Address 2539 Kane K. Falls, Ore.  
 17. (a) Burial (b) Date thereof 10/17/44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Lankville Cemetery  
 18. (a) Signature of funeral director Earl Nuttall  
 (b) Address Klamath Falls, Oregon  
 19. (a) 10/17/44 (b) P. H. Reynolds  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION  
 20. Date of death: Month October day 15th,  
 year 1944 hour 12 minute 05 P.M.  
 21. I hereby certify that I attended the deceased from Oct 15  
7-4 to Oct 16 44; that I last saw him alive  
 on Oct 16, 1944, and that death occurred on the date  
 and hour stated above.  
 Immediate cause of death Arteriosclerosis Duration 20  
159  
 Due to Unknown  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 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,  
 or in public place? \_\_\_\_\_  
(Specify type of place)  
 (e) Name at work \_\_\_\_\_ (f) Means of injury \_\_\_\_\_  
 (M. D. or other) \_\_\_\_\_  
 1944 Klamath Falls Dr. signed Oct 16 1944

Seeley