

80-53600

1. PLACE OF DEATH:

(a) County Marion

(b) City or town Salem  
(If outside city or town limits write RURAL)

(c) Name of hospital or institution:  
944 N. Winter Street  
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 24 years In state 24 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Marion

(c) City or town Salem  
(If outside city or town limits write RURAL)

(d) Street No. 944 N. Winter Street  
(If rural give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) FULL NAME Glen Herbert Seeley

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 641-09-5625

4. Sex male 5. Color or race white 6. (c) Single, widowed, married, divorced married

6. (b) Name of husband or wife Clara M. 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased September 4, 1895  
(Month) (Day) (Year)

8. Age: Years 48 Months 3 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Dayton Washington  
(City, town, or county) (State or foreign country)

10. Usual occupation Station operator

11. Industry or business Portland General Electric Co.

12. Name James H. Seeley

13. Birthplace Otis Colorado  
(City, town, or county) (State or foreign country)

14. Maiden name Mae McHargus

15. Birthplace Princeton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mae Seeley  
(b) Address Portland, Oregon

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec. 17, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Belcrest Memorial Park  
W. F. Rigdon Co.  
Salem, Oregon

18. (a) Signature of funeral director W. J. Stone M.D.  
(b) Address \_\_\_\_\_  
DEC 13 1943

19. (a) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. Date of death: Month December day 13th  
year 1943 hour \_\_\_\_\_ minute \_\_\_\_\_

21. I hereby certify that I attended the deceased from Dec 13, 1943 to Dec 13, 1943; that I last saw him alive on Dec 13, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Courtesy Theobrom 942 Duration \_\_\_\_\_

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

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

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? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

Signature A. T. King (M. D. or other) M. D.  
Address Quackenbush Bldg Date signed 12-13-43  
Salem Oregon

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

Seeley