

Standard Certificate of Death

16-926 STATE OF OREGON 74a

1. PLACE OF DEATH: SEP 11 1946

(a) County Marion

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

(c) Name of hospital or institution: 603 No 2nd St.
(If not in hospital or institution write street number or location)

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

In this community 21 In state 34yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Marion

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

(d) Street No. 603 No. 2nd. St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years. 94A

3. (a) FULL NAME John Albert Seeley

3. (b) If veteran, name war World War 1 3. (c) Social Security No. 542-03-3179

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Seeley 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December 3 1890
(Month) (Day) (Year)

8. Age: Years 55 Months 7 Days 29 If less than one day _____ hr. _____ min.

MEDICAL CERTIFICATION

20. Date of death: Month August day 2 year 1946 hour _____ minute _____

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him/her _____ on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death fulden death Duration _____
Coronary disease

Due to _____

Due to _____

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

10. Usual occupation Laboper

11. Industry or business _____

12. Name William Seeley

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

14. Maiden name Isabel Swenson

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

Other conditions Old catarrh

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

16. (a) Informant's own signature Mrs Lula Seeley

(b) Address Silverton Oregon

17. (a) Burial (b) Date thereof Aug 6 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Berpest Mem. Park

18. (a) Signature of funeral director [Signature]

(b) Address Silverton Oregon

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 _____

19. (a) Aug 5 '46 (b) J. C. Loew
(Date received/local registrar) (Registrar's signature)

0788E

23. Signature [Signature] (M. D. or other) _____

Address Silverton Oregon Date signed Aug 3/46

[Signature] Coroner

Seeley