

Standard Certificate of Death  
STATE OF OREGON

1. PLACE OF DEATH: Washington  
(a) County Washington  
(b) City or town Rural  
(If outside city or town limits write RURAL)  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community 20 years In state 5 1/2 years  
years, months or days (Specify whether)

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

3. (a) FULL NAME Lane Judson Seeley  
3. (b) If veteran, name war no 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. Date of death: Month March day 13  
year 1942 hour \_\_\_\_\_ minute \_\_\_\_\_  
21. I hereby certify that I attended the deceased from Mar 10/42  
19 Mar 13, 1942; that I last saw him alive  
on Mar 12, 1942; and that death occurred on the date  
and hour stated above.

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Edith Groves if alive 70 years  
6. (c) Age of husband or wife  
7. Birth date of deceased Jan 3 1868  
(Month) (Day) (Year)  
8. AGE: Years 74 Months 2 Days 10 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

Immediate cause of death Prostatic carcinoma Duration 1 yr  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Prostata of prostate PHYSICIAN \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

9. Birthplace Massachusetts Mass.  
(City, town, or county) (State or foreign country)  
10. Usual occupation printer and paperhanger  
11. Industry or business for self  
Mother: 12. Name Nathaniel Seeley  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Sherwood  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W.K. Houghton  
(b) Address 311 S.W. 5th Ave. Portland  
17. (a) Burial (b) Date thereof March 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Woods Cemetery  
18. (a) Signature of funeral director Graham & Young  
(b) Address Legend Oregon  
19. (a) 3-16-42 (b) C. E. Maser  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_  
23. Signature R.A. Bissett (M. D. or other) \_\_\_\_\_  
Address Legend Ore Date signed Mar 16/42

Important.

Seeley