

MAKE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE PRINTING DEPT.

1. PLACE OF DEATH: MAY 20 1948
 (a) County Lane
 (b) City or town Eugene
(If outside city or town limits write RURAL.)
 (c) Name of hospital or institution:
Pvt. Res. 1393 Charnelton St.
(If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or institution XX
(Specify whether
 In this community 35 yrs In state 35 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Lane
 (c) City or town Eugene
(If outside city or town limits write RURAL.)
 (d) Street No. 1393 Charnelton
(If rural give location)
 (e) If foreign born, how long in U. S. A.? _____ years. 46B

3. (a) FULL NAME Lela M. Seely
 3. (b) If veteran, name war no 3. (c) Social Security No. none
 4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m
 6. (b) Name of husband or wife James A. Seely 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased March 30-1889
(Month) (Day) (Year)
 8. Age: Years 59 Months 1 Days 4 If less than one day _____ hr. _____ min.
 9. Birthplace Pineville Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation home keeper
 11. Industry or business at home
 12. Name Sam Prater
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Mary A. May
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 16. (a) Informant's own signature Lela M. Seely
 (b) Address 1393 Charnelton Eugene Ore.
 17. (a) Burial Rest Haven Memo. Park (b) Date thereof 5-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 18. (a) Signature of funeral director A. J. Lounsbury
 (b) Address 1152 Olive, Eugene, Oregon
 19. (a) 5-6-48 (b) Wyle S. Zittel
(Date received local registrar) (Registrar's signature) deputy

MEDICAL CERTIFICATION

20. Date of death: Month May day 4th
 year 1948 hour 12:15 A.M. minute _____
 21. I hereby certify that I attended the deceased from Jan
1st to death 1948; that I last saw her alive
 on 3rd 1948 and that death occurred on the date
 and hour stated above.

Immediate cause of death	Duration
<u>Hypostatic pneumonia few hrs</u>	
<u>Due to Carcinoma - about 1 yr</u>	
<u>Due to stomach reduction - Pancreas -</u>	
Other conditions <small>(Include pregnancy within 3 months of death)</small>	
Major findings: Of operations _____	PHYSICIAN _____ Underline the cause to which death should be charged statistically
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,
 in public place? _____
(Specify type of place)
 While at work? _____
(Specify means of injury)

23. Signature M. H. Howard M. D. or other _____
 Address W. H. Howard Eugene Date signed May 4 - 48

Seeley