

N. B.—WRITE 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.

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death
ST. OREGON 118

State File No. _____
Local Registrar's No. 149

STATE PRINTING DEPT

1. PLACE OF DEATH: **JAN 11 1946**
 (a) County **Marion**
 (b) City or town **Woodburn (Rural)**
 (c) Name of hospital or institution: **3 1/2 Miles East (Union)**
 (d) Length of stay: In hospital or institution _____
 In this community **4 Yrs** In state _____

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Oregon** (b) County **Marion**
 (c) City or town **Woodburn (Rural)**
 (d) Street No. **3 1/2 Miles East (Union)**
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) FULL NAME **Bessie Louise Seely**
 3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**

4. Sex **Fem** race **White** 5. Color or divorced **Married**
 6. (b) Name of husband or wife **Norman E. Seely** 6. (c) Age of husband or wife if alive **25** years
 7. Birth date of deceased **April 14 1921**

8. Age: Years **24** Months **8** Days **5** If less than one day _____ hr. _____ min.

9. Birthplace **Council Bluffs Idaho**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____
 12. Name **Cecil W. Simmons**
 13. Birthplace **Turner Oregon**
 14. Maiden name **Gezel E. Sargent**
 15. Birthplace **Morris Ill**

16. (a) Informant's own signature **Norman E. Seely**
 (b) Address **Woodburn Oregon**

17. (a) **Burial** (b) Date thereof **12/21-45**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Belle Passi**
 18. (a) Signature of funeral director **J. Melvin King**
 (b) Address **Woodburn Oregon**

19. (a) **12-22-45** (b) **Geo. Beach**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. Date of death: Month **December** day **19**
 year **1945** hour **6** minute **45** A.M.

21. I hereby certify that I attended the deceased ~~from~~ **only after**
~~death to~~ **death Dec. 19, 1945**; that ~~he~~ **she** ~~was~~ **not** ~~born~~ **born** ~~in~~ **in** ~~the~~ **the** ~~same~~ **same** ~~state~~ **state** ~~and~~ **and** that death occurred on the date and hour stated above.

Immediate cause of death **Partial Incineration**
 Due to **Residence fire**
 Due to _____

Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

Duration _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **accident**
 (b) Date of occurrence **Dec. 19, 1945**
 (c) Where did injury occur **Woodburn (rural) Marion Oregon**
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place.
 In public place? **Home** (Specify type of place)
 While at work? **no** (e) Means of injury **fire**

23. Signature **Geo. Beach** (or other) **Coroner**
 Address **Salem Oreg** Date signed **12-20-45**

Seeley