

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
STATE OF OREGON

State File No. 1710
Local Registrar's No. 45

JAN 11 1946

1. PLACE OF DEATH: Marion
 (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 Life
 In this community Life In state Life

2. USUAL RESIDENCE OF DECEASED:
 (a) State Oregon (b) County Marion
 (c) City or town Woodburn (Rural)
 (d) Street No. 3 1/2 Miles (Union)
 (e) If foreign born, how long in U. S. A. 180 years

3. (a) FULL NAME Betty Lou Seely
 3. (b) If veteran, name war -- 3. (c) Social Security No. --
 4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced
 6. (b) Name of husband or wife 6. (c) Age of husband or wife
 7. Birth date of deceased April 16 1944
 8. Age: Years 1 Months 3 Days 3 If less than one day
 9. Birthplace Woodburn Oregon
 10. Usual occupation
 11. Industry or business

12. Name Norman B. Seely
 13. Birthplace Woodburn Oregon
 14. Maiden name Bessie L. Simmons
 15. Birthplace Council Idaho
 16. (a) Informant's own signature Norman B. Seely
 (b) Address Woodburn Oregon
 17. (a) Burial (b) Date thereof 12/21-45
 (c) Place: burial or cremation Belle Passi
 18. (a) Signature of funeral director J. Melvin Rings
 (b) Address Woodburn Oregon
 19. (a) 12-23-45 (b) Geo. Braach

MEDICAL CERTIFICATION
 20. Date of death: Month December 19 day 19 year 1945 hour 6 minute 45 A.M.
 21. I hereby certify that I attended the deceased ~~from~~ only after death Dec 19 1945; that I lost saw him alive on _____, 19____ and that death occurred on the date and hour stated above.

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

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

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
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? home
 While at work? No (Specify type of place) (e) Means of injury fire
 23. Signature J. L. Baruck (M.D. or other) coroner
 Address Salem Oregon Date signed 12-20-45

Seeley