

STATE PRINTING DEPT.

Oregon State Board of Health
Division of Vital Statistics

Standard Certificate of Death

STATE OF OREGON

State File No. 70,000
Local Registrar's No. 46

1. PLACE OF DEATH: **JAN 11 1946**

(a) County Marion

(b) City or town Woodburn (Rural)

(c) Name of hospital or institution: 3 Miles East (Union)

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

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 Miles East (Union)

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

3. (a) FULL NAME Sharon Mae Seely

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 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 _____ if alive _____ years

7. Birth date of deceased September 18 1945

(Month) (Day) (Year)

8. Age: Years _____ Months 3 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace Woodburn Oregon

(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Norman B. Seely

13. Birthplace Woodburn Ore on

(City, town, or county) (State or foreign country)

14. Maiden name Fessie L. Simons

15. Birthplace Council Idaho

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Norman B. Seely

(b) Address Woodburn Oregon

17. (a) Burial (b) Date thereof 12/31-45

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Belle Passi

18. (a) Signature of funeral director J. Melvin Ringo

(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 3 minute 45 A.M.

21. I hereby certify that I attended the deceased only after death on Dec. 19, 1945; that I was alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Fractured skull</u>	-
Due to <u>residence etc</u>	-
Due to _____	-

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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, Ore

(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 (M.D. or other) Coroner

Address Wagon, Oregon Date signed 12-20-45

OCCUPATION is very important.

Seeley