

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. _____
Local Registrar's No. 14203

1. PLACE OF DEATH: Marion JAN 11 1946

(a) County Marion

(b) City or town Woodburn (Rural)
(If outside city or town limits write RURAL.)

(c) Name of hospital or institution: 3 1/2 Miles East (Union)
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life In state Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Marion

(c) City or town Woodburn (Rural)
(If outside city or town limits write RURAL.)

(d) Street No. 3 1/2 Miles East (Union)
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years. 190

3. (a) FULL NAME Carolyn 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 Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife _____
if alive _____ years

7. Birth date of deceased December 1 1942
(Month) (Day) (Year)

8. Age: Years 3 Months - Days 18 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 Oregon
(City, town, or county) (State or foreign country)

14. Maiden name Bessie L. Simmons

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 12/21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of 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. Brack
(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 only after death
Dec 19, 1945; that I was alive
and that death occurred on the date
and hour stated above.

Immediate cause of death	Duration
<u>Incineration</u>	
Due to <u>Residence fire</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 J. P. Barnett (M. D. or other) Coroner
Address Salem Oregon Date signed 12-20-45

Seeley