

N. B.—WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item should be carefully applied. AGE should be stated EXACTLY. PHYSICIANS should OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. STATE PRINTING DEPT.

Oregon State Board of Health
 Division of Vital Statistics
Standard Certificate of Death
 STATE OF OREGON 193

State File No. 143
 Local Registrar's No. 1716

A1-77724

1. PLACE OF DEATH:

(a) County Multnomah

(b) City or town Portland (rural)
(If outside city or town limits write RURAL)

(c) Name of hospital or institution:
Oregon Shipyard
(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
In this community 4 mo In state 4 mo

2. USUAL RESIDENCE OF DECEASED:

(a) State Oregon (b) County Multnomah

(c) City or town Portland
(If outside city or town limits write RURAL)

(d) Street No. 9033 N. Milne
(If rural give location)

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

3. (a) FULL NAME Frank L. Seely

3. (b) If veteran, name war none 3. (c) Social Security No. 504-16-9184

4. Sex Male race White 5. Color or divorced Single

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

7. Birth date of deceased February 6 1927
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. Date of death: Month Mch. day 4
year 1944 hour 12 minute 15 PM

21. I hereby certify that I attended the deceased from _____, 19____, to Autopsy, 19____; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

8. Age: Years 17 Months 0 Days 27 If less than one day _____ hr. _____ min.

9. Birthplace New Underwood S. Dak
(City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Shipyard

12. Name Frank L. Seely

13. Birthplace Lyons Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Marie L. Trask

15. Birthplace Pactola S. Dak
(City, town, or county) (State or foreign country)

Immediate cause of death Electrocution & electric burns of left hand. Duration

Due to _____

Due to Electrocuted when he reached into an electric welding machine.

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

Major findings:
Of operations _____

Of autopsy Yes

16. (a) Informant's own signature Frank L. Seely

(b) Address 9033 N. Milne

17. (a) Removal (b) Date thereof 3/6/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rapid City S. Dak
St. Johns Funeral Home

18. (a) Signature of funeral director M. J. Jones

(b) Address Portland

19. (a) 3/6/44 (b) F. S. Hansen
(Date received local registrar) (Registrar's signature)

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

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Mch. 4, 1944

(c) Where did injury occur? Mult. Co. Oregon
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Oregon Shipyard
(Specify type of place)
While at work? Yes (e) Means of injury Above

23. Signature Warren C. Hunter (M. D. or other) _____
Address U. of O. Med. Sch Date signed 3-6-44

PHYSICIAN
 Underline the cause to which death should be charged statistically
 ROY L. CRABTREE, CORONER
 BY W. C. Hunter DEPUTY

Seeley