WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH 399

County Jackson — Registration District No. [illegible] — File No. 35495

Township Kaw — Primary Registration District No. [illegible] — Registered No. [illegible]

City Kansas City (No. 600 East 45th St. Ward)

2. FULL NAME August F. Seested

(a) Residence. No. 600 East 45th St. St., 6 Ward. (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male — 4. COLOR OR RACE Wh — 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Seested

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 26, 1864

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
64	6	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Newspaper publisher

(b) General nature of industry, business, or establishment in which employed (or employer) President of Kansas

(c) Name of employer City Star Co.

9. BIRTHPLACE (CITY OR TOWN) Tondern Schleswig-Holstein (STATE OR COUNTRY) Denmark

PARENTS

10. NAME OF FATHER Carl Theodore Seested

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tondern Schleswig-Holstein (STATE OR COUNTRY) Denmark

12. MAIDEN NAME OF MOTHER Agatha Hinrichsen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Husum Schleswig-Holstein (STATE OR COUNTRY) Denmark

14. INFORMANT Frank C. Seested (Address) 4644 Campbell St.

15. FILED 10/3, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 2, 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec, 1927, to Oct 2, 1928 that I last saw him alive on Oct 2, 1928, and that death occurred, on the date stated above, at 3:20 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

metastatic carcinoma of abdominal viscera

16 E

52 E (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of sigmoid (duration) yrs. 10 mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? Yes. DATE OF Aug. 31st. 28

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) P. I. Bohan, M. D.

10/3, 1928 (Address) Medical Arts Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Forest Hill — DATE OF BURIAL 10-5-1928

20. UNDERTAKER Shine & McClure — ADDRESS 924 Oak

Dr. P. T. Bo[illegible]
906 Medical Arts Bldg.
Va- 3243

Re[illegible] + M