

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11242

Registrar's No. 46

Registration District No. 100000

Primary Registration District No. 5553B

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City, or town Little Blue - Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 years
(Specify whether years, months or days) 3 1/2 years in locality

8. (a) PRINT FULL NAME Noble Seeley 400

8. (b) If veteran, name war no 8. (c) Social Security No. no

4. Sex Male 5. Color of 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 July 15 1883
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 0 If less than one day hr. _____ min. _____

9. Birthplace Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Cook

11. Industry or business unknown

12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest Jackson

(b) Address Jackson County Home

17. (g) Removal (b) Date thereof Mar 22 - 40
(Month) (Day) (Year)

(c) Place: burial or cremation no

18. (e) Signature of funeral director R. Lester

(b) Address R. Lester 932

19. (a) 3-21-40 (b) Sara S. Barn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Little Blue
(If outside city or town limits, write "RURAL")
(d) Street No. J. C. Home
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1940 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 1-30, 1940 to 3-15, 1940
that I last saw him alive on 3/14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach
Due to _____
_____ 46

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. N. Greene (M. D. or other) 1
Address Independence Date signed 3-40
no

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed W. J. Ward

Licensed Embalmer No. 3991

P. O. Address 5725 Virginia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.