

17492

2019

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
3234 East 28th St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 46 years (Specify whether
 In this community 46 years years, months or days)

3. (a) PRINT FULL NAME Henry Seufert 1633. (b) If veteran, name war No 3. (c) Social Security No. No4. Sex Ma 5. Color or race Wh 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 February 11 1868
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
72 3 2 hr. min.9. Birthplace Lancaster N. Y.
(City, town, or county) (State or foreign country)10. Usual occupation Hardware Merchant11. Industry or business Seufert Bros. Hdwe. Co.12. Name Lewis Seufert Germany13. Birthplace Germany
(City, town, or county) (State or foreign country)14. Maiden name Barbara Leininger15. Birthplace Germany
(City, town, or county) (State or foreign country)16. (a) Informant Priscilla Seufert(b) Address 3234 East 28th St.17. (a) Burial (b) Date thereof May 16-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Tonganoxie, Kansas18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.19. (a) May 15, 1940 M. M. Grome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
3234 East 28th St.
 (d) Street No. (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1940 hour 1:00 minute 53 P. M.21. I hereby certify that I attended the deceased from Jan.
1940, to May 13, 1940;that I last saw him alive on 5/13/40, 1940;
and that death occurred on the date and hour stated above.Immediate cause of death Myocardial Infarction -
Pneumonia. Rt. Duration 3 daysDue to 1070
Due to _____Other conditions R. Lung Collapse & thickened
(Include pregnancy within 3 months of death)
Alumina, Etiology unknownMajor findings: Of operationsOf autopsy Final findings to be Reported later.

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 123. Signature John M. Powers (M. D. or other) MD.Address 382 1/2 E. 27th St Date signed 5/13/40

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

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 Carl R. Matthes

Licensed Embalmer No. 3807

P.O. Address K. e. Mo

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.