

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
1910 SEP 16 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28713
Registrar's No. 150

Registration District No. 400

Primary Registration District No. 5553-B 7031

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Lee Summit, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: none 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 42 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Edward Joseph Seigfreid
3. (b) If veteran, name war 700
3. (c) Social Security No. NO

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Mary Jane Seigfreid
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased March 14 1856
(Month) (Day) (Year)

8. AGE: Years 84 Months 5 Days 20
If less than one day hr. min.

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

10. Usual occupation Merchant

11. Industry or business Own Store

MOTHER FATHER
12. Name James Seigfreid
13. Birthplace Penn.
(City, town, or county) (State or foreign country)
14. Maiden name Julia Witt
15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ira J. Seigfreid
(b) Address Lee's Summit, Mo.

17. (a) Removal (b) Date thereof 8-8-4
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Warrensburg, Mo.

18. (a) Signature of funeral director [Signature]
(b) Address Lee Summit, Missouri
19. (a) 8-8-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Lee Summit, Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. Market Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 8 day 16 year _____ hour _____ minute 11:15 A M.

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

Immediate cause of death: Crushing Injury of Head & Chest
Duration _____

Due to: Walked into Side of Train

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 8-6-40
(c) Where did injury occur Lee Summit Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
32 W. Street at R.R. Tracks
(Specify type of place) (e) Means of injury _____
While at work _____
23. Signature [Signature] (M. D. or other) _____
Address _____ Date signed 8/16/40

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. B. Langford*

Licensed Embalmer No. *3233*

P. O. Address *Leicester, Mass*

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.