

2-3-40
7-39
X23159

Registration District No. 197

Primary Registration District No. 5276

1. PLACE OF DEATH:
(a) County Clay
(b) City or town Rural Gallatin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Route #5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days _____

3. (a) PRINT FULL NAME Hattie Pee Brinks Seitter

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Joseph H. Seitter 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased March 15, 1884
(Month) (Day) (Year)

8. AGE: Years 56 Months 8 Days 23 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name William E. Brinks

13. Birthplace Platte County, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ellen Jamison

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

16. (a) Informant Ina Mae Balke

(b) Address Route 5 North Kansas City,

17. (a) removal (b) Date thereof 12-8-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Braymer, Mo.

18. (a) Signature of funeral director Morton Funeral Home

(b) Address North Kansas City, Mo.

19. (a) 12-8-40 (b) John S. Morton.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Clay
(c) City or town Rural, North K. C.
(If outside city or town limits, write "RURAL")
(d) Street No. Route #5
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 8
year 1940 hour 9:30 minute A. M.

21. I hereby certify that I attended the deceased from July, 1939, to Nov 8, 1940,
that I last saw her alive on Nov 8, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Chm. Myocardia

Due to Hypertension (Essential)

Other conditions Ht. Veniplegia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration

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) _____

(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 W. J. Tate (M.D. or other) _____
Address North KC Mo Date signed 12/16/40

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

MOTHER FATHER

RECEIVED
District Health Officer No. 8,
District File Number 1-13-41
Date Filed

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed *Harold L. Posson*

Licensed Embalmer No. 3605

P.O. Address North K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.