

No. 2
4-13-40
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X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1430
Registrar's No. 290

Registration District No. 299 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 3918 Michigan
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 10 yrs years, months or days)

3. (a) PRINT FULLNAME Mrs. Mildred Manning
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 3 Divorced
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 16, 1905
(Month) (Day) (Year)

8. AGE: Years 35 Months 3 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____
11. Industry or business _____

MOTHER FATHER
12. Name Homer R. Seymour
13. Birthplace Wisconsin
(City, town, or county) (State or foreign country)
14. Maiden name Louisa Schuetz
15. Birthplace Peru
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louisa Seymour
(b) Address 3918 Michigan
17. (a) Removal (b) Date thereof 1-27-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Coffeyville, Kans

18. (a) Signature of funeral director Freeman Mortuary
(b) Address 104 West 42nd Street
19. (a) Jan 27 1941 (b) M. M. Browne
(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")
(d) Street No. 3918 Michigan
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 23
year 1941 hour _____ minute 3:00 M.

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

Immediate cause of death
Lobar Pneumonia

Due to _____
Due to Congenital Heart Disease
Other conditions 108
(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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature Freeman Mortuary (M. D. or other) 3
Address 104 West 42nd Street Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Clarence H. Child

Licensed Embalmer No. 3473

P. O. Address 35 E. 7th

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, fact should be so stated above.