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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 5774 ~~673~~

Registrar's No. 546

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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 Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2728 Cypress Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----- (Specify whether In this community 28 Years years, months or days)

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. 2728 Cypress Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------ years.

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3. (a) PRINT FULL NAME Mrs. Ella Estella Lamphear

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Mr. Albert G. C. Lamphear

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased February (Month) 20 (Day) 1856 (Year)

8. AGE:	Years	Months	Days	If less than one day
	84	11	14	hr. min.

9. Birthplace Theresa (City, town, or county) New York (State or foreign country)

10. Usual occupation At Home

11. Industry or business -----

FATHER
12. Name Wilbur H. Seeber
13. Birthplace Burlington (City, town, or county) Vermont (State or foreign country)

MOTHER
14. Maiden name Estella
15. Birthplace Van Hornsville (City, town, or county) New York (State or foreign country)

16. (a) Informant Mrs. Lulu Peterman

(b) Address 2728 Cypress Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 8, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Mont Ida, Kansas

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/7/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th year 1941 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from Dec 26, 1940 to Feb 5, 1941; that I last saw her alive on Feb 5, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Arteriosclerosis - Senility

Due to Cer. Bright's Disease

Other conditions (Include pregnancy within 3 months of death) Lobar Pneumonia, Began Dec 26/40 - Recovery.

Major findings: Of operations ✓

Of autopsy none

Duration 13 P

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? ✓ (Specify type of place)

While at work? ✓ (e) Means of injury

23. Signature D. L. Ebersen (M. D. or other)

Address 4800 Gr 4th Date signed 2/7/41

(Licensed Embalmer's Statement on Reverse Side)

4800 East 24th Street
1:20-5:20

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K. C. Mo.

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

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