

No. 2
4-13-40
5-17-39
MI 21888

APR 3 1941

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Primary Registration District No. 1001

Registrar's No. 323

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

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 15 01 Sacramento
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 years
(Specify whether years, months or days)

In this community 40 years

3. (a) PRINT FULL NAME FRANK SEUFERT

3. (b) If veteran, name war World

3. (c) Social Security No. none

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lyda Seufert

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased Aug. 18th 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 7 Days 2 If less than one day
hr. min.

9. Birthplace Salt Lake City Utah
(City, town, or county) (State or foreign country)

10. Usual occupation Grocer

11. Industry or business

MOTHER FATHER { 12. Name Chris John Seufert

13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Kendall

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

16. (a) Informant Mrs. Lyda Seufert

(b) Address 1925 Sacramento St. Joseph, Mo.

17. (a) Burial (b) Date thereof 3--22--41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director FLEEMAN & SON, INC.

(b) Address St. Joseph, Mo.

19. (a) MAY 21 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1925 Sacramento
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased man on Mar 20, 1941, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy no

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? _____

85 While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature H F Mundy (M. D. or other) Coroner

Address 404 So 3rd St ST. JOSEPH Date signed 3/21/41

JUL 1 1949

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 W. Hulse

Licensed Embalmer No. _____

39555

P. O. Address _____

St. Joseph, 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, fact should be so stated above.