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4-41  
7-39  
X26390

**FILED AUG 16 1941**

Registration District No. **379**

Primary Registration District No. **1002**

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:  
**4023 Wayne Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **15 Yrs** (Specify whether  
In this community **Hannah**  
years, months or days)

3. (a) PRINT FULL NAME **Mrs. Bertha Seamans Meats**

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

4. Sex **Female** 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Widow**  
6. (b) Name of husband or wife **Edgar B. Meats** 6. (c) Age of husband or wife if alive **—** years  
7. Birth date of deceased **April 2 1867**  
(Month) (Day) (Year)

8. AGE: Years **74** Months **3** Days **10** If less than one day hr. min.

9. Birthplace **Lee County Iowa**  
(City, town, or county) (State or foreign country)

10. Usual occupation **at home**

11. Industry or business

MOTHER FATHER { 12. Name **Alvah Galusha Seamans**  
13. Birthplace **Uniontown**  
14. Maiden name **Rebecca Hampton**  
15. Birthplace **Uniontown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Hessa Goodell**  
(b) Address **Atchison, Kans**

17. (a) **Burial** (b) Date thereof **7-14-41**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Atchison, Kansas**

18. (a) Signature of funeral director **D. H. Newcomer, Sons**  
(b) Address **1401 Brush Creek Blvd.**

19. (a) **7-14-41** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 048**  
(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **4023 Wayne Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country **A**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12th**  
year **1941** hour **8** minute **30** A. M.

21. I hereby certify that I attended the deceased from **May 20, 1941**  
**19** to **July 12, 1941**  
that I last saw her alive on **July 12, 1941** and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Occlusion** Duration **1 hour**

Due to **Arteriosclerosis**

Due to **94W** 10 yrs.

Other conditions (Include pregnancy within 5 months of death)

Major findings: operations **none 94W**

Of autopsy **none**

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 **M. B. Baseball** Date signed **7/12/41**  
Address **915 Argyle Bldg**

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

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

2. 4. 36

**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..... *Emile M. Calhou*

Licensed Embalmer No. *3506*

P. O. Address..... *K. C. Me*

**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.**