

FILED APR 8 1942
Registration District No. **299**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County Clay Jackson

(b) City or town R. 8 No. Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hr. (Specify whether years, months or days)

In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay **024**

(c) City or town R. 8 No. Kansas City Mo.
(If outside city or town limits, write "RURAL") **0**

(d) Street No. R. 8 No. Kansas City Mo.
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Rita Lucille Seymore

(b) If veteran, name war none

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19
year 1942 hour 11 minute A M.

21. I hereby certify that I attended the deceased from May 19 1942 to May 19 1942
that I last saw her alive on May 19 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death _____ Duration _____

Membranous tracheitis
Due to (not diphtheria)

Due to 1000

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

7. Birth date of deceased March 16 1940
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>0</u>	<u>13</u>	_____ hr. _____ min.

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy Membranous tracheitis

Underline the cause to which death should be charged statistically.

9. Birthplace R. 8 No. Kansas City, Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business None

MOTHER FATHER {

12. Name Robert E. Seymore

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

14. Maiden name Rita McArthur

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

16. (a) Informant Robert E. Seymore

(b) Address R. 8 No. Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-21-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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 [Signature] (M. D. or other) MD

Address North Kansas City, Mo Date signed 7/20/42

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

(b) Address 832 Armour Rd. No. Kansas C. Mo.

19. (a) 3-21-42 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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.....

Fred W. Nitzman....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Fred W. Nitzman

Licensed Embalmer No. *3711*

P. O. Address *No Kansas City, 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.