

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

10326
Do not use this space.

FILED APR 23 1942

1. PLACE OF DEATH

(a) County Richmond Registration District No. 85
 (b) Township St. Joseph Primary Registration District No. 5727
 (c) City St. Joseph (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 5 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Henry Seever

(a) Residence, No. 2018 James St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 0 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
male
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Letha Lane Stanton Seever
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-18-1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 11 18
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 60 yrs
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knashville Mo
 FATHER 13. NAME William P. Seever
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Ky
 MOTHER 15. MAIDEN NAME Adeline Callahan
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Tenn
 17. INFORMANT Ralph H. Seever (ADDRESS) St. Joseph Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Knashville Mo DATE 4-5-1942
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Stanton
 20. FILED 4/24/42 19 Rose Hegoy Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5 1942
 22. I HEREBY CERTIFY, That I attended deceased from April 3, 1942 to April 3, 1942
 that saw him alive on April 3, 1942 Death is said to have occurred on the date stated above, at 8 P m.
 The principal cause of death and related causes of importance were as follows:
Cardiac Insufficiency Date of onset _____
arteriosclerosis 10 yrs
Senile Dementia 6 yrs
 Other contributory causes of importance:
9503
 Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury _____
 Nature of injury _____
 24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Charles B. Wanner M. D.
 (Address) 721 Kirkpatrick Bldg

1253

(Licensed Embalmer's Statement on Reverse Side)

St. Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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..... *Wm. Stanton Jr.*

Licensed Embalmer No. *3778*

P. O. Address *Albion, Kan*

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, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10326

Registration District No. 85

Primary Registration District No. 5127

Registrar's No. _____

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:
2018 Francis St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 2018 Francis St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Henry Seever

3. (b) If veteran,

name war _____

3. (c) Social Security

No. _____

4. Sex

m

5. Color or race

w

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased

Apr 18 (Month) (Day) (Year)

8. AGE:

Years 76 Months 11 Days _____ If less than one day _____ min.

9. Birthplace

(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

MOTHER FATHER

12. Name

13. Birthplace

(City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace

(City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

17. (a)

(b) Date thereof

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a)

4-5-42 (Date received local registrar)

(b)

Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month

Apr year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I personally saw him/her alive on _____, 19____;

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

Immediate cause of death _____

Duration _____

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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)

(b) 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. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

