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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 13 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21423

State File No.

Registration District No. 404

Primary Registration District No. 5558

Registrar's No. 26

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
8400 Summit /
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 8400 Summit
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Ann Seve

3. (b) If veteran, name war -

3. (c) Social Security No. -

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife August L. Seve

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased August (Month) 7 (Day) 1870 (Year)

8. AGE:

Years	Months	Days	If less than one day
71	10	19	hr. min.

9. Birthplace (City, town, or county) France 5 (State or foreign country)

10. Usual occupation Truck Gardner

11. Industry or business

FATHER
12. Name August Monteil
13. Birthplace (City, town, or county) France 5 (State or foreign country)

MOTHER
14. Maiden name Anna Rouse
15. Birthplace (City, town, or county) France 5 (State or foreign country)

16. (a) Informant Mrs. Mary E. Hodyniak
(b) Address 7546 McGee

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 6/29/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3911 Broadway

19. (a) 7-1-42 (Date received local registrar) (b) R.V. Lindsey & Sons By Robert H. Keller (Signature)

1153 Dr. Annie J. Hedges

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26th year 1942 hour 5:30 AM minute M.

21. I hereby certify that I attended the deceased from Deputy Coroner, 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to Coronary Sclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

93d

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)

Address KCmo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Leon D. Stewart

Licensed Embalmer No. 4177

P. O. Address 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.