

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.

FILED AUG 13 1942

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

Do not use this space.

25578

1. PLACE OF DEATH

County Vernon Registration District No. 878
Township Harrison Harrison Primary Registration District No. 615-9
City Garland Kans. R.F.D. #2 St. _____ Ward _____

File No. _____
Registered No. 29

2. FULL NAME Cornelius Seitz

(a) Residence, No. R.F.D. St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred unk. yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Rose Etta Beagles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
80 2 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. " "
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 63

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) York Co Penn.

FATHER 13. NAME Adam Seitz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

MOTHER 15. MAIDEN NAME Carolina Klinefelter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.

17. INFORMANT (ADDRESS) Garland Kansas R.F.D. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Heavisides DATE July 5 1942

19. UNDERTAKER (ADDRESS) C. E. Nuffine
Garland Kansas

20. FILED July 5 1942 Gleasoner Ludwig Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1942

22. I HEREBY CERTIFY, That I attended deceased from April 11 1942, to June 3 1942.
I last saw him alive on June 3 1942. Death is said to have occurred on the date stated above, at 2 p. m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of
Bowel and Liver
(no. X-ray)
Other contributory causes of importance: 468

Name of operation _____ Date of _____
What test confirmed diagnosis Asymptomatic 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? _____
If so, specify _____
(Signed) L. E. Kemer M. D.
(Address) 2 1/2 S. Main St
Fort Scott, Mo.

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RECEIVED

District Health Officer No. 7,

District File Number 8-42-888

Date Filed 8-10-42