

FILED JAN 19 1944  
Registration District No. 49

State File No. 5607  
Registrar's No.

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: Trinity Lutheran Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3227 Michigan (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Bessie Seigel

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex FE 5. Color or race Wn 6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Benj. 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased June 6, 1877  
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 23 If less than one day hr. min.

9. Birthplace Manchester, England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Samuel Temposky  
13. Birthplace England  
(City, town, or county) (State or foreign country)

14. Maiden name Anna  
15. Birthplace Not Known  
(City, town, or county) (State or foreign country)

16. (a) Informant Edith Sagand  
(b) Address 3227 Michigan

17. (a) Burial (b) Date thereof 12-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Mt Carmel Cem

18. (a) Signature of funeral director J.P. Kovis Funeral Home

(b) Address K.C. Mo

19. (a) Dec 29, 1943 (b) J.F. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 29 year 1943 hour 1 minute 05 A.M.

21. I hereby certify that I attended the deceased from Nov 13, 1942 to Dec 29, 1943  
that I last saw her alive on Dec 28, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerular Nephritis Duration 2 yrs  
Arterio-sclerosis 4 years  
Ch. myocarditis valvulitis 3 yrs

Due to Arterio-sclerosis 4 years  
Ch. myocarditis valvulitis 3 yrs  
Due to —

Other conditions 130 lb  
(Include pregnancy within 3 months of death)  
Major findings: Of operations 131 lb  
Of autopsy

Duration  
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)  
(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 Allene L. Hearst  
Address 1100 Park Blvd Date signed 12-29-43

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**