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Seymour 20858
State File No. 2545
Registrar's No.

FILED JUN 29 1944
Registration District No. *1002*

Primary Registration District No. *1002*

Registrar's No.

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: **General Hospital**
(If not in hospital or institution, write street number or location) *0*
(d) Length of stay: In hospital or institution **30 days** (Specify whether years, months or days)
In this community **35 Years**

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. **2600 Benton** (If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No) *10*
If yes, name country **no**

3. (a) PRINT FULL NAME **Mrs Anna E. Seymour**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Ernest E. Seymour** 6. (c) Age of husband or wife if alive **69** years
7. Birth date of deceased **April 20th 1872** (Month) (Day) (Year) *1870*

8. AGE: Years **74-72** Months **I** Days **25** If less than one day hr. min.

9. Birthplace **Paris Missouri** (City, town, or county) (State or foreign country) *0*

10. Usual occupation **Home**

11. Industry or business

MOTHER FATHER { 12. Name **O.W. Peluse**
13. Birthplace **Vermont** (City, town, or county) (State or foreign country) *1*
14. Maiden name **Unknown**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country) *9*

16. (a) Informant **Ernest E. Seymour**

(b) Address **2600 Benton**

17. (a) **Burial** (b) Date thereof **6 17th 1944** (Month) (Day) (Year)

(c) Place: burial or cremation **Paris Missouri**

18. (a) Signature of funeral director **Eylar Funeral Home**

(b) Address **1800 Linwood**

19. (a) **6-16-44** (b) *N. E. Brown* (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** year **1944** hour minute M.

21. I hereby certify that I attended the deceased from **1944** to **1944**; that I last saw him **Deputy coroner** and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchopneumonia**
Due to **Fracture Femur**
Due to **fell down stairs**
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **186 a-5**
Of autopsy **See Above**

22. If death was due to external causes, fill in the following: (a) Accident, suicide, or homicide (specify) **Accident 123**
(b) Date of occurrence **5-18-44**
(c) Where did injury occur? **Kansas City Mo** (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature **A. E. Hooper** (M. D. Public Health Officer) *7/16/44*
Address **28 McWay** Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

FEB 14 1947

JAN 29 1947

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 *Char E. W. Ellis*

Licensed Embalmer No. *2644*

P. O. Address *1500 Pinewood*

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.