

FILED NOV 20 1944

Primary Registration District No. 1002

Registrar's No. 4545

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1107 Sunwood
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)

In this community 58 yrs

3. (a) PRINT FULL NAME Sol. L. SEELIG

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Hannie Seelig

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

7. Birth date of deceased Oct. 16, 1868
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>86</u> | <u>0</u> | <u>25</u> | <u>23</u> hr. min. |

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

10. Usual occupation Patrol

11. Industry or business brother

12. Name Sol. Seelig

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Hilda Samuels

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hannie Seelig

(b) Address 1107 Sunwood

17. (a) Burial (b) Date thereof 11/13/44
(Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elywood Cem

18. (a) Signature of funeral director Carroll Pardon

(b) Address 3024 7th St

19. (a) 11-11-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson

(c) City or town Jackson
(If outside city or town limits, write "RURAL")

(d) Street No. 1107 Sunwood
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ??

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 9
year 1944 hour 11 minute 25 P.M.

21. I hereby certify that I attended the deceased from Sept 26, 1944, to Nov 9, 1944;
that I last saw him alive on Nov 9, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Senility
Prostatic hypertrophy +
uremia, afferent shock

Duration
old
old

Due to

Due to

Other conditions left sided inguinal hernia 15 yrs
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1370

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)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Gas H. Beck (M. D. or other) MO
Address Trinity Lutheran Hospital Date signed 11-10-44

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..... *Kathryn E. Davidson*

Licensed Embalmer No. *3648*

P. O. Address *Kansas City*

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.