S. No. 2
M—2-43
y. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 4 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 36912

Registrar's No. 4758

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 10 days 0 (Specify whether years, months or days)
In this community: No Record

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 47
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No.: 308 Garfield 6
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 0

3. (a) PRINT FULL NAME: Mrs. Etta M. Seip

3. (b) If veteran, name war: xx

3. (c) Social Security No.: No

4. Sex: Fe 1

5. Color or race: Wh

6. (a) Single, widowed, married, divorced: Widowed 2

6. (b) Name of husband or wife: xx

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

7. Birth date of deceased: No Record (Month) (Day) (Year)

8. AGE: Years: Approx. 63 | Months: xx | Days: xx | If less than one day: hr. min.

9. Birthplace: No Record (City, town, or county) 9 (State or foreign country)

10. Usual occupation: At Home

11. Industry or business:

FATHER
12. Name: No Record
13. Birthplace: " " (City, town, or county) A (State or foreign country)

MOTHER
14. Maiden name: " "
15. Birthplace: " " (City, town, or county) A (State or foreign country)

16. (a) Informant: Mrs. Lue Roberts
(b) Address: 308 Garfield

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-25-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Maple Hill

18. (a) Signature of funeral director: J W Wagner
(b) Address: Kansas City, Mo.

19. (a) 11-25-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 23
year: 1944 hour: 5 minute: 10 P.M.

21. I hereby certify that I attended the deceased from Nov. 13, 1944 to Nov. 23, 1944; that I last saw her alive on Nov. 23, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis — Duration
Myocardial infarction

Due to:

Due to: 94a

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:
Of autopsy: See above

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? (Specify type of place)
While at work? (e) Means of injury:

23. Signature: A. E. Upsher (M.D. or other)
Address: Med. Dir. Gen'l Hosp. Date signed: 11-24-44

(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.....A. R. Hamschild

Licensed Embalmer No.....4159

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.