

FILED MAR 3 1945  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 753

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kan City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 623 Euclid  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: in hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 46 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kan City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 623 Euclid (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Isaac W. Seavers

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 widowed  
6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan 29 1863  
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Maturing man

11. Industry or business retired

MOTHER FATHER { 12. Name John W. Seavers  
13. Birthplace Penn (City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Whitmer  
15. Birthplace Penn (City, town, or county) (State or foreign country)

16. (a) Informant Frank H. Seavers

(b) Address 5500 E 30 Terrace

17. (a) Burial (b) Date thereof 2/14/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green lawn Cem

18. (a) Signature of funeral director Snow-Mayhemp

(b) Address 23 W. Lemwood  
19. (a) 2-14-45 (b) M. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12  
year 1945 hour 11:30 minute 0 M.

21. I hereby certify that I attended the deceased from Carol to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration \_\_\_\_\_

Due to arterio-sclerosis

Due to \_\_\_\_\_

Other conditions 107  
(Include pregnancy within 3 months of death)

Major findings: History & Inspection  
Of operations \_\_\_\_\_  
Of autopsy nil

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) (e) Means of injury Bonus

23. Signature James D. Walker (M. D. or other) \_\_\_\_\_  
Address 1124 Poplar St Date signed 2-13-46

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

**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. 2560

P. O. Address 16 E. 7th

**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.**