S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20653

Registration District No. 146 Primary Registration District No. 3626 Registrar's No. 233

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
822 South Crysler
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Independence
(If outside city or town limits, write "RURAL")
(d) Street No. 822 South Crysler
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES FLOYD SEEVERS
3. (b) If veteran, name war ----------
3. (c) Social Security No. 495-03-0264
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Pearl Isabel Seevers
6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased May (Month) 26, (Day) 1901 (Year)

8. AGE:

Years	Months	Days	If less than one day
45	0	29	hr. min.

9. Birthplace Independence, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Mechanic
11. Industry or business Automotive
FATHER
12. Name Charles N. Seevers
13. Birthplace Jackson County, (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Minnie Lois Campbell
15. Birthplace Jackson County, (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. Pearl Isabel Seevers
(b) Address Independence, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/27/46 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cemetery
18. (a) Signature of funeral director Roland R. Speaks
(b) Address Independence, Missouri
19. (a) 6-30-46 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25, year 1946 hour 6 minute 10 A.M.
21. I hereby certify that I attended the deceased from Feb 1946, to June 24 1946; that I last saw him alive on June 24 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary embolism	
Due to: Acute Myocardial insufficiency.	3 wks.
Due to:	
Other conditions (Include pregnancy within 3 months of death): Bronchial asthma	

Major findings:
Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature W. L. Hawkins (M. D. or other) MD.
Address Independence Date signed 6-27-46.

(Licensed Embalmer's Statement on Reverse Side)

35F

48
4
4

19525

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: Roland R. Speaks

Licensed Embalmer No. 3604

P. O. Address Indep. Mo.

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.