

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 17607

FILED JUN 9 1947

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2390

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

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: St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 Days  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MISS VERA IONA SEYBOLD

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April 25th. 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>1</u>	<u>6</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George E. Seybold

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

14. Maiden name Rose M. Abees

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

16. (a) Informant Mrs. George E. Seybold

(b) Address Topeka, Kansas

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof 5 - 31 - 1947  
(Month) (Day) (Year)

(c) Place: burial or cremation Topeka, Kansas

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City

19. (a) 5-31-47 (Date received local registrar)

(b) Seraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Shawnee 999

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

(d) Street No. \_\_\_\_\_  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31 year 47 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from May 20 - 47 to \_\_\_\_\_, 19\_\_\_\_, that I last saw her alive on today, 19\_\_\_\_, and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Carcinoma of splenic flexum of colon

Pneumonia

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

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_

Of operations at injury

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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 \_\_\_\_\_

Signature Wm. Williams (M. D. or other)

Address P. O. Box 1300 Date signed May 31

AUG 8 1956

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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.....

*J. H. Freeman*

Licensed Embalmer No. 2939

P. O. Address F. C. 240.

**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.**