

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21185
2550

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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:
5435 Rockhill Road
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5435 Rockhill Road 8
(If rural, give location) No 0

(e) Citizen of foreign country? (Yes or No)
No 0

If yes, name country

3. (a) PRINT MRS. THERESA MARIE SEESTED
FULL NAME

3. (b) If veteran, name war XX no

3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Henry C. Seested

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

7. Birth date of deceased: March 1 1868
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	3	10	hr. min.

9. Birthplace Aschaffenburg Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business No Record 4

12. Name No Record 4

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Karl T. Seested 1
(b) Address 520 W. 52-Overland Park, Ks.

17. (a) Burial (b) Date thereof 6-13-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

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

19. (a) 6-11-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1947 hour 8: minute 30 A. M.

21. I hereby certify that I attended the deceased from June 2 1938
21 1938 to present 1947;
that I last saw h. er alive on May 8 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis
Heart Disease

Duration

Due to Generalized Arteriosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: a3d

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?

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

Signature George C. Lee, M.D. (M. D. or other) M.D.
Richard L. Holmes, M.D.
Address 1630 Professional Bldg. Date signed 6/11/47

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

MOTHER FATHER

Part
11-1643

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..... *Alvin R. Harnschild*

Licensed Embalmer No. *4159*

P. O. Address..... *Kansas City 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.