V. S. No. 2
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ev. 5-17-39
p I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24368

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2965

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: General Hospital #1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2107 Holly 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLA SEEBER
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John
6. (c) Age of husband or wife if alive years
7. Birth date of deceased March (Month) 18 (Day) 1872 (Year)
8. AGE: Years 75 Months 43 Days 24 If less than one day hr. min.
9. Birthplace (City, town, or county) Mo. (State or foreign country)
10. Usual occupation housewife
11. Industry or business
FATHER 12. Name George Boles 0
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Wiggins Lillie
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Record clerk
(b) Address General Hospital
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 14, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Smithville Mo
18. (a) Signature of funeral director McComan Funeral Home
(b) Address Smithville, Missouri
19. (a) 7-12-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 12 year 1947 hour 3 minute 20 P. M.
21. I hereby certify that I attended the deceased from July 9, 1947, to July 12, 1947; that I last saw him alive on 7-12, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Sub arachnoid and subdural hemorrhage of the brain	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 8 3a	
Of autopsy As 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) 0
While at work? (e) Means of injury

23. Signature Wm. W. Hart (M. D. or other) MD
Address Gen. Hosp. #1 Date signed

(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 Donald W. Hanke, Registered Apprentice No. 425, working under my personal supervision.

Signed Owen J Boggess Jr.

Licensed Embalmer No. 3940

P. O. Address Smithville, 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.