

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8604  
843

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |                               |   |   |
|---|-------------------------------|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |                               | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>   |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |                               | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home 4419 Gladstone Blvd.</b>  |                               | d. STREET ADDRESS (If rural, give location) <b>4419 Gladstone Blvd.</b>   |   |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Manford</b> b. (Middle) <b>B.</b> c. (Last) <b>Seabolt</b>   |                               | 4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23 49</b>   |   |
| 5. SEX <b>Male</b>  | 6. COLOR OR RACE <b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>   | 8. DATE OF BIRTH <b>2/22/72</b>   |
| 9. AGE (In years last birthday) <b>77</b>   |                               | IF UNDER 1 YEAR<br>Months <b>0</b> Days <b>1</b>  | IF UNDER 24 HRS.<br>Hours <b>1</b> Min.                                       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Janitor</b>  |                               | 10b. KIND OF BUSINESS OR INDUSTRY <b>church</b>   | 11. BIRTHPLACE (State or foreign country) <b>Iowa</b>                         |
| 12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>  |                               | 13a. FATHER'S NAME <b>Bryant B. Seabolt</b>   |   |
| 13b. MOTHER'S MAIDEN NAME <b>Unknown</b>  |                               | 14. NAME OF HUSBAND OR WIFE <b>Emily F. Seabolt</b>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or no (unknown)) <b>NO</b>  |                               | 16. SOCIAL SECURITY NO. <b>497-26-3870</b>  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Emily Seabolt 4419 Gladstone</b> |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                     |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary thrombosis</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Hypertension</b><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><b>4201</b> |   |
| 18. CAUSE OF DEATH (continued)  |                               | INTERVAL BETWEEN ONSET AND DEATH <b>4 yrs</b>   |   |
| 19a. DATE OF OPERATION  |                               | 19b. MAJOR FINDINGS OF OPERATION  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                               |   |   |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                               | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |                               |   |   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.  |                               | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   |
| 21f. HOW DID INJURY OCCUR?  |                               |   |   |
| 22. I hereby certify that I attended the deceased from <b>you</b> , 19 <u>48</u> , to <b>Feb 23, 1949</b> , that I last saw the deceased alive on <b>Feb 22, 1949</b> , and that death occurred at <b>6:20 p.m.</b> , from the causes and on the date stated above. |                               |   |   |
| 23a. SIGNATURE <b>Ralph H. Miller D.O.</b> (Degree or title)  |                               | 23b. ADDRESS <b>4202 1/2 E 27th</b>   |   |
| 23c. DATE SIGNED <b>2/23/49</b>   |                               |   |   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>  |                               | 24b. DATE <b>2/23/49</b>  |   |
| 24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cem.</b>   |                               | 24d. LOCATION (City, town, or county) (State) <b>St. Joseph Missouri</b>  |   |
| DATE REC'D BY LOCAL REG. <b>2-23-49</b>   |                               | REGISTRAR'S SIGNATURE <b>Steldine Holmes</b>  |   |
| 25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>   |                               | ADDRESS <b>Kansas City, Mo.</b>   |   |

WRITE PLAINLY—USING 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 \_\_\_\_\_

*William H. Enys*

Student Embalmer No. *241*

working under my personal supervision.

Student *William H. Enys*  
Student Embalmer

Signed

*John B. Enys*  
Licensed Embalmer No. *295-50*

P. O. Address *1969 110*

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.