

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23120**
3132

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 30 yrs.		d. STREET ADDRESS (If rural, give location) 338 N. Quincy	
d. FULL NAME OF HOSPITAL OR INSTITUTION 338 N. Quincy			

3. NAME OF DECEASED (Type or Print) a. (First) Clair b. (Middle) Mae c. (Last) Leger			4. DATE OF DEATH (Month) (Day) (Year) July 21 - 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH July 29 - 1900		9. AGE (In years last birthday) 50		10. IF OVER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTH PLACE (State or foreign country) Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME John White		13b. MOTHER'S MAIDEN NAME Betty Webb		14. NAME OF HUSBAND OR WIFE James A. Leger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME loyd L. Leger ADDRESS 5606 S.wood.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral + liver metastases		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4 wks.	
		ANTECEDENT CAUSES		DUE TO (b) Carcinoma of the Breast		DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		170*	

19a. DATE OF OPERATION 1946		19b. MAJOR FINDINGS OF OPERATION Carcinoma right breast		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) _____		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 **Dec. 1946**, to **July 21, 1951**, that I last saw the deceased alive on **July 21, 1951**, and that death occurred at **12:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Arthur B. Smith M.D. (Degree or title)		23b. ADDRESS 830 Maple Bldg. K.C. Mo.		23c. DATE SIGNED 7-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington	
24d. LOCATION (City, town, or county) (State) Kansas City Mo.		25. FUNERAL DIRECTOR'S SIGNATURE C.H. Blackman & Son		ADDRESS K.C., Mo.	
DATE REC'D BY LOCAL REG. 7-23-51		REGISTRAR'S SIGNATURE Geraldine Holmes			

(Licensed Embalmer's Statement on Reverse Side)

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

3008

1

No. 300
10-48

~~James A.
Mrs. Elsie May Seger age 50 of 338 No. Quincy
passed away at the home July 21-1951~~

~~Survived by husband James A. Seger of the home.~~

~~3 - Sons - James A. Jr. of 4985 Gladstone Blvd
Floyd L. of 7606 Lowell Overlook
Park
Gary Lyle of the home~~

~~1 - Daughter - ^{Miss} Phyllis Elaine of the home~~

~~3 grandchildren, 3 brothers + 4 sisters~~

Miss
Miss

Classified ~~at Death~~
Sum

App. 5:30 P.M.

PH. CH. 6269

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed James E. Backfman
Licensed Embalmer No. 4528

P. O. Address K. C. 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.