

FILLED OCT 13 1941

Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH Jackson
 (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 Poly Clinic, 2624 Indep. Avenue D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Abt 1 week
(Specify whether)
 In this community All her life
years, months or days

3. (a) PRINT FULL NAME Mrs. Ella S. Seifert

3. (b) If veteran, name war - 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frank H. Seifert 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Jan. 1 1894
(Month) (Day) (Year)

8. AGE: Years <u>47</u>	Months <u>8</u>	Days <u>25</u>	If less than one day hr. _____ min. _____
-------------------------	-----------------	----------------	--

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Neils Jensen

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

14. Maiden name Hansine Neilsen

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

16. (a) Informant Frank H. Seifert

(b) Address 7431 Highland

17. (a) burial (b) Date thereof 9/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) 9/29/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 7431 Highland D
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1941 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 16
1941 to Sept. 26 1941;
that I last saw h. or alive on Sept. 26 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia with cerebral edema

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy none

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 _____

23. Signature M. M. Crow (M. D. or other) D

Address 1503 Waldwin Blvd Date signed _____

Duration

3 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

JUN 28 1956

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..... *Leon D. Stewart*

Licensed Embalmer No..... *4177*

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.