

2
4-41
7-39
0X25390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34108**

FILED NOV 13 1941
99

Registrar's No. **4048**

Registration District No.

Primary Registration District No. **1002**

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

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:
1201 East 59th
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution
 In this community **SIXTY YEARS** (Specify whether years, months or days)

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. **1201 E 59th**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MORRIS SEELIG**
 (b) If veteran, name war **NO**
 (c) Social Security No. **NO**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec** day **29**
 year **1941** hour **7** minute **30 P.M.**
21. I hereby certify that I attended the deceased from **Jan 1, 1939** to **Oct 29, 1941**
 that I last saw him alive on **Oct 26, 1941**
 and that death occurred on the date and hour stated above.

4. Sex **MALE** **5. Color or race** **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **MRS ROSE SEELIG**
6. (c) Age of husband or wife if alive **72** years
7. Birth date of deceased: (Month) **FEB** (Day) **2** (Year) **1866**

Immediate cause of death
uremia Duration **1 month**
 Due to **Hypertension, arteriosclerosis, Hypertrophy of prostate gland.**
 Due to **Bladder & renal infection, gross**

8. AGE: Years **85** Months **8** Days **27** If less than one day hr. min.
9. Birthplace: **GERMANY** (City, town, or county) **4** (State or foreign country)
10. Usual occupation: **REAL ESTATE BROKER**

Other conditions (Include pregnancy within 3 months of death)
Ascema of Lung 100%
Major findings:
 Of operations _____
 Of autopsy **1376**

MOTHER FATHER
11. Industry or business
12. Name: **LEIB SEELIG**
13. Birthplace: **GERMANY** (City, town, or county) **4** (State or foreign country)
14. Maiden name: **Do Not Know**
15. Birthplace: **Do not know** (City, town, or county) **4** (State or foreign country)

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)
 While at work? _____ (e) Means of injury _____
23. Signature: **R. M. Crowe** (M. D. or other) **0**
 Address **1732 Jefferson Blvd** Date signed **30 Oct 41**

16. (a) Informant: **MRS ROSE SEELIG**
 (b) Address **1201 E 59th**
17. (a) (Burial, cremation, or removal) **Rural** (b) Date thereof **OCT 31 1941** (Month) (Day) (Year)
 (c) Place: burial or cremation **ELMWOOD CEMETERY**
18. (a) Signature of funeral director: **Carroll Davidson**
 (b) Address **Box 4 West Ave**
19. (a) (Date received local registrar) **10/30/41** (b) **M. M. Crowe** (Registrar's signature)

DEC 30 1948

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..... *Julia H. Dawkins*

Licensed Embalmer No. *1168*

P. O. Address.....

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.