

No. 2
5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29392

State File No.

FILED SEP 24 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3392

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:
2915 E. 30th St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community..... 30 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 2915 E. 30th St.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Mrs. Maude Seymour Dickey

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept 12 day
year 1942 hour 1 minute 1 M.

21. I hereby certify that I attended the deceased from Sept 12
1942 to Sept 12 1942
that I last saw her alive on Sept 11 1942
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Charles F. Dickey

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased December 8 1888
(Month) (Day) (Year)

Immediate cause of death... Cerebral Hemorrhage

Duration 8 hrs.

8. AGE: Years Months Days If less than one day

53 9 14 hr. min.

Due to.....

Due to arteriosclerosis

Other conditions 830
(Include pregnancy within 3 months of death)

9. Birthplace Leavenworth Co. Kansas /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name William S. Seymour

13. Birthplace Texas /
(City, town, or county) (State or foreign country)

14. Maiden name Mary J.

15. Birthplace Kentucky /
(City, town, or county) (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? Ks.

16. (a) Informant Miss Frances Dickey

(b) Address 2915 E. 30th St.

17. (a) Removal (b) Date thereof 9-15-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Muncie, Leavenworth,

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 9-15-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? yes (Specify type of place)

(e) Means of injury.....

23. Signature John E. Lapp (M. D. or other) Dr. D.
Address 1314 Professional Bldg Date signed Sept 14

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

361

(Licensed Embalmer's Statement on Reverse Side)

11-23-55
Clarence W. Chile
2473
76 e no.

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 Clarence W. Chile

Licensed Embalmer No. 2473

P. O. Address 76 e no.

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.