

FILED JUL 19 1943

Registration District No. _____

Primary Registration District No. 1002

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 3511 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether years, months or days)

In this community 15 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. 3511 Locust
(If rural, give location)

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

3. (a) PRINT FULL NAME MRS. ANNA HOFMANN SEAMAN

3. (b) If veteran, name war XX

3. (c) Social Security No. No

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife Lyman Seaman

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

7. Birth date of deceased January 8 1876
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>5</u>	<u>27</u>	_____hr. _____min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Michael Hofmann

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

14. Maiden name Johanna Bock

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

16. (a) Informant Mrs. Justine Rush

(b) Address 5624 Lydia

17. (a) Burial (b) Date thereof 7-6-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. W. Wagner

(b) Address Kansas City, Mo.

19. (a) 7-6-43 (b) P. E. Bowen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th
year 1943 hour 9: minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1942
to July 5 1943
that I last saw him alive on July 5 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Coronary Thrombosis

Due to inflammation

Other conditions q/a
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy above

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? no (Specify type of place) _____
(e) Means of injury _____

23. Signature DR. Beach (M. D. or other)
Address 927 N. W. 15th Date signed 7-7-43

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Alvin R. Hauschild

Licensed Embalmer No. 4159

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.