

V. S. No. 2  
 OOM-2-45  
 Rev. 5-17-39  
 I X35697

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

27465

State File No.

3602

FILED AUG 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
Kansas City General Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 mos. 20 da.  
(Specify whether  
 In this community unknown  
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. 15 E. 6 St.  
(If rural, give location)  
 (e) Citizen of foreign country? 1 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Frank Vincent Seewald

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race wh  
 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Unknown  
(Month) (Day) (Year)

8. AGE: Years app 42 Months \_\_\_\_\_ Days \_\_\_\_\_  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Rockcastle, Ky  
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Unknown  
 13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Elk

(b) Address General Wash

17. (a) Removed (b) Date thereof 8/20/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rockcastle, Ky

18. (a) Signature of funeral director Snow Mayberry

(b) Address Remond + Clark

19. (a) 8-20-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 18  
 year 1943 hour 8 minute 40 p.m.

21. I hereby certify that I attended the deceased from June 29  
 19 43 to August 18 19 43  
 that I last saw him alive on August 18 19 43  
 and that death occurred on the date and hour stated above.

Immediate cause of death GENERAL PARESIS

Due to \_\_\_\_\_  
 Due to 305

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Dr. R. Thom (M. D. or other) \_\_\_\_\_  
 Address 150 Dir. K. C. Gen. Hosp. Date signed \_\_\_\_\_

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

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**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 \_\_\_\_\_

*Ray E Snow*

Licensed Embalmer No. 2560

P. O. Address KE 7M

**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.**