

FILED NOV 13 1944

Primary Registration District No. 1007

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:
721 Cypress
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 yrs. years, months or days)

3. (a) PRINT FULL NAME Edith Munger Seroy
3. (b) If veteran, name war 700 3. (c) Social Security No. 70

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Napoleon Bonaparte Seroy 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 30th 1865
(Month) (Day) (Year)

8. AGE: Years 79 Months 5 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Union Green Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Arson G. Munger
13. Birthplace Union Green Illinois 9
(City, town, or county) (State or foreign country)
14. Maiden name Ledia Dutherland 9
15. Birthplace Union Green Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Beverly Seroy
(b) Address 813 S. Forest of Ind. Mo

17. (a) Burial (b) Date thereof 10th 25 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lamar Memorial Chapel, P. S. Speake

18. (a) Signature of funeral director _____
(b) Address 300 S. Grand Ind. Mo

19. Oct 24, 1944 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 147
(If outside city or town limits, write "RURAL")
(d) Street No. 721 Cypress
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 23rd
year 1944 hour 7 minutes 30 P. M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 93d

Major findings: Of operations _____
Of autopsy Impacted Fallopian

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 J. B. Brown 3 (M. P. of Registrar)
Address _____ 3 Date signed 10/24/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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 *Roland Sparks*
Licensed Embalmer No. *3604*
P. O. Address *Independence*

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.