V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19679

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2687

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: 415 West 60th Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

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

(d) Street No. 415 West 60th Terrace
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME James E. Seay

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Marguerite Seay

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased November (Month) 28 (Day) 1892 (Year)

8. AGE:

Years	Months	Days	If less than one day
52	6	24	hr. min.

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

10. Usual occupation Certified Public Accountant

11. Industry or business Accounting

FATHER
12. Name J. R. Seay
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown.
15. Birthplace unknown. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marguerite Seay,
(b) Address 415 W. 60th Ter., Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-25-45 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 6-25-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 22
year 1945 hour 7:20 minute P. M.

21. I hereby certify that I attended the deceased from June 10, 1945, to June 22, 1945; that I last saw him alive on June 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	12 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 B

Major findings:
Of operations none
Of autopsy none

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] M.D. (M. D. or other)
Address 1303 Waldheim Bldg. K. C. Mo. Date signed 6/25/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Stipe
Wildhorn Bldg
10-30

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. 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.