

**FILED** JAN 21 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

5320

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: Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 week  
In this community 59 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. 5335 Cherry  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LOUIS L. SEIBEL

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Ada 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased March 31 1859  
(Month) (Day) (Year)

8. AGE: Years 86 Months 8 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired President  
11. Name of business Badger Lumber Co.

12. Name Edward M. Seibel  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Philippina Von Kellner  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. R.M. Seibel, DDS  
(b) Address 5335 Cherry

17. (a) Entombment (b) Date thereof 12-24-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director J. Wagner  
(b) Address Kansas City, Mo.

19. (a) 12-24-45 (b) Thelma Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21<sup>st</sup>  
year 1945 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 2:00  
20<sup>th</sup> 1945 to 2:00 21<sup>st</sup> 1945  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Mt. Coron Pulmonary 1 wk.

Due to Arteriosclerosis - atherosclerosis

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

Major findings: Of operations 108

Of autopsy ✓

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 Carol Lee (M.D. or other) \_\_\_\_\_  
Address Peppermint Reg Date signed 1/22/46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOORE, FARMER, ETC. IF 1946

V1- 3177

70 Rosewood, Mo. City

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State of mo.  
County of Jackson } SS.

State File No. ....

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 5320

On this 21st day of May, 1946, before me appears Vera E. Jones, who, upon her oath, states that the original record of <sup>birth</sup> death for Louis E. Seibel <sup>died</sup> December 21, 1945, in the State of Missouri, and which was filed at H. C. mo. on 12-24, 1945, should be corrected as follows:

Item No. 66 should read Ada B. Seibel  
Instead of Ada B. Seibel

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read Verified by death record  
Instead of of Ada B. Seibel

Item No. .... should read 6-3-44 # 2398  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

Item No. .... should read .....  
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Vera E. Jones  
Attorney for Estate of Louis E. Seibel  
1008 Swigert Bldg., H. C., Mo.  
Present Address.

Subscribed and sworn to before me this 21st day of May, 1946

My Commission expires Oct 20, 1947 Barrie M. Ruppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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