

No. 2  
4-5-43  
5-17-39  
1 X36671

State File No. ....

FILED APR 29 1946  
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 1770

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: ST. JOSEPH HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4-DAYS  
(Specify whether  
In this community 51 YEARS  
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. 2529 AGNES AVENUE  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country: .....

3. (a) PRINT FULL NAME: Mrs. Ella Beatrice King Seay

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife MR. WILLIAM WAYNE SEAY 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased MAY 2 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 11 11 hr. min.

9. Birthplace COLLEGE SPRINGS IOWA  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business .....

12. Name SOLOMAN E. KING

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

14. Maiden name NETTIE L. DOW

15. Birthplace PAGE COUNTY IOWA  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter W. Seay

(b) Address 2529 Agnes Ave.

17. (a) CREMATION (b) Date thereof APR-15-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-15-46 W. Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 13<sup>TH</sup>  
year 1946 hour 8 minute 25A. M.

21. I hereby certify that I attended the deceased from April 9, 1946  
to date  
that I last saw her alive on today  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis

Due to Primary in uterus (fundus)

Due to .....

Other conditions (Include pregnancy within 3 months of death) 48 hr

Major findings: Of operations .....

Of autopsy As above

Duration  
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 0

22. Signature Vincent Williams (M, D, or other) MD  
Address 936 Agnes Blvd Date signed April 13 1946

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
19264

MOTHER FATHER

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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 *Melvin Miller*

Licensed Embalmer No. *4407*

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.**