

FILED MAY 5 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 562

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St Joseph

(c) Name of hospital or institution: Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days -
(Specify whether years, months or days) over 25 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Buchanan

(c) City or town St Joseph Mo

(d) Street No. 1333 Grand Ave. 7
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOSEPH - A - SEDDON.

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex M. Color or race wht.

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

6. (b) Name of husband or wife Abbie

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

7. Birth date of deceased Dec 23 1873
(Month) (Day) (Year)

8. AGE: Years 73 Months 4 Days 0 If less than one day hr. min.

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

10. Usual occupation Java operator

11. Industry or business _____

12. Name Joseph Seddon

13. Birthplace UK - England (City, town, or county) (State or foreign country)

14. Maiden name Do not know

15. Birthplace Do not know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Norman Dent

(b) Address St. Joseph, Mo

17. (a) B (b) Date thereof 4-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Cemetery

18. (a) Signature of funeral director. Flower Funeral Home
(b) Address St. Joseph, Mo

19. (a) 4-25-47 (b) G. B. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1947 hour 7: minute a. m.

21. I hereby certify that I attended the deceased from December 10 1946 to April 23 1947
that I last saw him alive on April 22 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer of liver

Duration 3 mos.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations ✓ H&F
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: G. B. Jenkins (M. D. or other) MD
Address: 405 Maple St. St. Joseph, Mo. Date signed 24 Apr 47

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

Melrose Board

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.....

Charles M. Harman....., Registered Apprentice No. 2450.....

working under my personal supervision.

Signed.....

John Roy Stacey

Licensed Embalmer No. 24357

P. O. Address. St. Joseph

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.