

FILED AUG 14 1947

Registration District No. _____

Primary Registration District No. 5706

Registrar's No. 22

1. PLACE OF DEATH:

(a) County Benton
(b) City or town Cole Camp Rural Cole
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
10 Miles South
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 5 Days
years, months or days

3. (a) PRINT FULL NAME Henry Clay Seaman

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

4. Sex Male
5. Color or race White

6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Edith Melle Seaman
6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased November 14th 1885
(Month) (Day) (Year)

8. AGE: 61 Years 8 Months 14 Days
If less than one day _____ hr. _____ min.

9. Birthplace Blue Mount Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry

11. Industry or business _____

12. Name Henry Clay Seaman

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

14. Maiden name Wilhelm Gibson

15. Birthplace New York
(City, town, or county) (State or foreign country)

16. (a) Informant Edith M Melle Seaman

(b) Address Orville, Kansas City Kansas

17. (a) Removal (b) Date thereof July 28, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Kansas City Mo

18. (a) Signature of funeral director E. Eickhoff

(b) Address Cole Camp Mo

19. (a) 7-28-1947 (b) E. Eickhoff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyndotte
(c) City or town Blue Mount Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1113 Orville
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1947 hour 9 minute 30 A. M.

21. I hereby certify that I attended the deceased from never 19____ to never 19____
that I last saw him alive on never 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Heart apparently Coronary
Duration _____

Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 94
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(d) Where did injury occur? _____ (City or town) (County) (State)
(e) Did injury occur in or about home, on farm, in industrial place, in public place? No

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

23. Signature W. P. Coroner (M. D. or other) MD
Address Cole Camp Mo Date signed 7-28-47

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

MOTHER FATHER

RECEIVED
District Health Officer No. 7,
District No. 7-47-95
District No. 8-13-47
Date Filed

AUG 13 1948

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. L. Eickhoff*.....

Licensed Embalmer No. 730.....

P. O. Address Cole Camp 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.