

National Office of Vital Statistics

FILED JUL 29, 1948

Registration District No. \_\_\_\_\_

Primary Registration District No. **5-574**

Registrar's No. **134**

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Rural Van Buren Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **4 mi S.E. Lone Jack**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **70 hr** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**  
(c) City or town **Rural Van Buren Twp**  
(If outside city or town limits, write "RURAL" and name of township)  
(d) Street No. **4 mi S.E. Lone Jack**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)

3. (a) PRINT FULL NAME **Seymour Wakeman**

3. (b) If veteran **No** 3. (c) Social Security No. **No**  
name war \_\_\_\_\_

4. Sex **MO** 5. Color or race **W**  
6. (a) Single, widowed, married, divorced **W. L**  
6. (b) Name of husband or wife **Jane Wakeman** 6. (c) Age of husband or wife if alive **25** years  
7. Birth date of deceased **May 25 1873**  
(Month) (Day) (Year)

8. AGE: Years **75** Months **1** Days **14** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **New York N.Y.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Farm**

12. Name **Steben Wakeman**

13. Birthplace **New York N.Y.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Matilda Ritz**

15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Ruth Butler**

(b) Address **Lone Jack Mo**

17. (a) Burial, cremation, or removal **Burial** (b) Date thereof **7-11-48**  
(Month) (Day) (Year)

(c) Place: burial or cremation **Lone Jack Mo**

18. (a) Signature of funeral director **W.D. Langford**

(b) Address **Lees Summit Mo**

19. (a) **7-14-48** (b) **Donald Carshaw**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **9**  
year **1948** hour **9** minute **30 a.m.**

21. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
**Coroner**  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Gunshot injury of head -**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **Reputy Coroner**

Major findings: Of operations \_\_\_\_\_

Of autopsy **History**

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

(a) Accident, suicide, or homicide (specify) **Suicide**

(b) Date of occurrence **7-9-48**

(c) Where did injury occur? **Lone Jack Jackson Mo**  
(City or town) (County) (State)

(d) Did injury occur in or about home on farm, in industrial place, in public place? **No**

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ means of injury **Gunshot**

23. Signature **A.E. Upsher** (M. D. or other) **M.D.C.**

Address **2800 Maen** Date signed **7/10/48**

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

MOTHER FATHER

SEP 19 1946

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 W.B. Langford  
Licensed Embalmer No. 3833  
P. O. Address Fies Summit

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.