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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 14 1948

Registration District No. 799

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36861

Primary Registration District No. 1002

Registrar's No. 4951

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: 4230 State Line
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Highland Park
(If outside city or town limits, write "RURAL")
(d) Street No. 2
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jennie R Seckler
3. (b) If veteran, name war No
3. (c) Social Security No. No
4. Sex Fem
5. Color or race Wht
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Ammon Seckler
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan (Month) 21 (Day) 1865 (Year)
8. AGE: Years 83 Months 10 Days 12 If less than one day hr. min.
9. Birthplace Ohio (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Moses Miller
13. Birthplace Ohio (City, town, or county) (State or foreign country)
14. Maiden name Lydia Moyer
15. Birthplace Ohio (City, town, or county) (State or foreign country)
16. (a) Informant Howard R. Stout
(b) Address 4235 State Line
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-3-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Highland Park
18. (a) Signature of funeral director Stine-McClure
(b) Address Kansas City Mo
19. (a) 12-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2nd year 1948 hour 11 minute 45 A.M.
21. I hereby certify that I attended the deceased from May 1948 to Dec 2 1948 that I last saw he alive on Dec 2 1948 and that death occurred on the date and hour stated above.
Immediate cause of death Heart Failure (Operation)
Due to Chronic Myocarditis
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature E. A. Devins (M. D. or other)
Address 303 Ottman Bldg. Date signed 12/3/48

(Licensed Embalmer's Statement on Reverse Side)

Altman Bldg

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 Robert H Reed

Licensed Embalmer No. 3745

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.