

MISSOURI DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 149

Primary Registration District No. 1002

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:  
305 No. Gladstone  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 58 years (Specify whether 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. 305 No. Gladstone  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gustive A. Seiglar  
(b) If veteran, name war no  
(c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DEC day 15 year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.  
21. I hereby certify that I attended the deceased from June 12, 1948 to June 15, 1948  
that I last saw him alive on Dec 15, 1948 and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Ethel Seiglar (c) Age of husband or wife if alive 56 years  
7. Birth date of deceased August 28, 1885  
(Month) (Day) (Year)

Immediate cause of death  
Carcinoma of duodenum 2 yrs. with metastases  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE: Years 63 Months 3 Days 17 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) None  
Major findings: Carcinoma of duodenum - metastatic  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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

10. Usual occupation school board  
11. Industry or business \_\_\_\_\_  
12. Name unknown  
13. Birthplace unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name unknown  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Ethel Seiglar  
(b) Address 305 N. Gladstone  
17. (a) burial (b) Date thereof 12-17-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Memorial Park  
18. (a) Signature of funeral director Earp & Sons  
(b) Address 4139 E. 15th. St.  
19. (a) 12-16-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

23. Signature J. J. Cochrane (M. D. or other) \_\_\_\_\_  
Address 2000 Ely's Mill Bldg. Date signed 12/16

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

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.....

*William H. Camp*....., Registered Apprentice No. *241*  
working under my personal supervision.

Signed.....

*William H. Camp*  
.....  
Licensed Embalmer No. *9955*

P. O. Address.....  
*H. C. 9mo*

**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.**