

FILED JAN 27 1951

STANDARD CERTIFICATE OF DEATH

State File No. 1303
151

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (in this place) 41 YEARS		d. STREET ADDRESS (If rural, give location) 3332 WEST COLEMAN ROAD	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3332 WEST COLEMAN ROAD		34/68	

3. NAME OF DECEASED (Type or Print) MAUD W. SEWARD			4. DATE OF DEATH (Month) (Day) (Year) JANUARY-9-1951		
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH SEPT-4-1890		9. AGE (In years last birthday) 60		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME WILLIAM T. WEBB		13b. MOTHER'S MAIDEN NAME MARTHA E. CHASE		14. NAME OF HUSBAND OR WIFE FRANK R. SEWARD	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FRANK R. SEWARD 3332 W. COLEMAN ROAD KANSAS CITY MO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma right breast		4 1/2 yrs	
		DUE TO (c)		170th	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from _____, 1947, to Jan 9, 1951, that I last saw the deceased alive on Jan 9, 1951, and that death occurred at 10:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE T. Reid Jones (Degree or title) MD		23b. ADDRESS m.w. 1107 Bryan's Alley		23c. DATE SIGNED 1-9-51	
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24a. BURIAL CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JAN-11-1951		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) HARDIN MISSOURI					

DATE REC'D BY LOCAL REG. 1-11-51		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.H. Newcomer Sons 1331 BRUSH CREEK KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 24 1962

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address *M.C.M.O.*

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.