

t. Health,  
& Welfare  
S. Public  
th Service

FILED JUN 5 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

17348  
STATE FILE NUMBER  
2372

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2372

S. 300  
v. 1-57

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>2014 E. 12th St.</b>		STREET ADDRESS (If outside, give location) <b>2014 E. 12th St.</b>	
3. NAME OF DECEASED (Type or print) First <b>GEORGE</b> Middle <b>BODKINS</b> Last <b>SEABROOK</b>		4. DATE OF DEATH Month <b>May</b> Day <b>18</b> Year <b>1957</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>April 12, 1899</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Cleaning Shop</b>	9. AGE (In years last birthday) <b>58 yrs.</b>
11. BIRTHPLACE (City and state or country) <b>Pine Bluff, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Louis Seabrook</b>		13b. MOTHER'S MAIDEN NAME <b>Lucinda Stewart</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. <b>495-09-682</b>	
18. CAUSE OF DEATH (Enter only one cause per line in (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cancer of Esophagus</b>		17. INFORMANT Address <b>Beatrice Seabrook, wife 2014 E. 12th Apt. 35</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <b>150X</b>	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Mo.</b>	
21. I attended the deceased from _____ to _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge from the causes stated.		21. I attended the deceased from <b>4/30/57</b> to <b>5/18/57</b> and last saw her alive on <b>4/30/57</b>	
22a. SIGNATURE <b>[Signature]</b>		22b. ADDRESS <b>1612 E. 12</b>	
22c. DATE SIGNED <b>5/20/57</b>		22d. STATE SIGNED <b>Mo.</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>5-22-57</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Lincoln</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
24. FUNERAL DIRECTOR <b>Watkins Bros. Fn. Hm.</b>		25. DATE RECD. BY LOCAL REG. <b>5-22-57</b>	
ADDRESS <b>18th &amp; Benton</b>		26. REGISTRAR'S SIGNATURE <b>[Signature]</b>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

L. W. Turner

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Oct 9 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 .....  
Signature of Student Embalmer

Signed *Bruce R. Watkins* .....

Licensed Embalmer No. *4504* .....  
P. O. Address *18th & Beulah* .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.