

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

Rev. 5-17-39
I X19511

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. **399**

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:
5620 Bonita,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community About ten years.
years, months or days)

3. (a) PRINT FULL NAME Mark SeEVERS, 162

3. (b) If veteran, name war Unknown, 3. (c) Social Security No. 490-16-6331

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary SeEVERS, 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased October 9, 1865
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 4 If less than one day
hr. min.

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

10. Usual occupation Laborer,

11. Industry or business X

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)

16. (a) Informant's own signature Mrs. Mark SeEVERS,

(b) Address 5620 Bonita, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 3-15-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-14-40 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 5620 Bonita,
(If rural, give location)
(e) If foreign born, how long in U. S. A. no. years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1940 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from
March 5th 1940 to March 9th 1940;
that I last saw him alive on March 9th 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death CARDIAC DECOMPENSATION

Due to 9:10 PM

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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 _____

23. Signature Frank Maria MD (M. D. or other) 3-14-40
Address Supt. K. C. Gen. Hosp., K. C. Mo. Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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 _____

Dwight Turner Jr
working under my personal supervision.

Registered Apprentice No. 222

Signed _____

J. H. Allen

Licensed Embalmer No. 1415

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, above space should be left blank.