

No. 2
1-13-40
-17-39
X

JAN 10 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH: **Jackson**
 (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: **St. Joseph Hospital**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 Days** /
 in this community **3 Days** (Specify whether years, months or days) **Baby Larry Wayne Selders**

3. (a) PRINT FULL NAME **Baby Selders**
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** race **White** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Infant**
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **December 15, 1940**
 (Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days **3** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City, Mo.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Infant**

11. Industry or business _____

MOTHER FATHER { 12. Name **Floyd Wayne Selders**
 13. Birthplace **Mo.** (City, town, or county) (State or foreign country)
 14. Maiden name **Frances Cooper**
 15. Birthplace **Kansas** (City, town, or county) (State or foreign country)

16. (a) Informant **Floyd Wayne Selders**
 (b) Address **3814 E. 69th Terr.**

17. (a) **Burial** (b) Date thereof **12-19-40**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cem. Freeman Mortuary**

18. (a) Signature of funeral director _____
 (b) Address **-City**

19. (a) **Dec. 18, 1940** (b) **M. M. Brown**
 (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. **3814 E. 69th Terr.**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **18**
 year **40** hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from **12/15**, 19**40** to **12/18**, 19**40**
 that I last saw him alive on **12/17**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **menorrhagic neurasthenia**
 Duration _____

Due to **same unknown**
 Due to **16/18**

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____
 Of autopsy **menorrhagic in lungs, stomach, liver, adrenal glands & brain**
 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? **3/1**

While at work? _____ (Specify type of place) _____
 (e) Means of injury _____

23. Signature **H. J. Hamilton** (M. D. or other) **MD.**
 Address **1107 B. Street Bldg.** Date signed **12/18/40**

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.....

Licensed Embalmer No.....

P. O. Address.....

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.