

2
4-41
7-39
K26390

FILED SEP 12 1941

Registration District No. 977

Primary Registration District No. 1002

Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days
10 Yrs. (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Rev. Wiley T. Selby

3. (b) If veteran, name war No. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race wh; 6. (a) Single, widowed, married, 2 divorced Wid.

6. (b) Name of husband or wife Lucy Ann Selby 6. (c) Age of husband or wife if alive 14 years 1859
7. Birth date of deceased. Oct. (Month) 14 (Day) 1859 (Year)

8. AGE: Years Months Days If less than one day
81 10 10 hr. min.

9. Birthplace Vicksburg Miss. /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Minister

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Unknown
15. Birthplace Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant Lillian Silby

(b) Address 504 Benton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-30-41
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K.C. Mo.

19. (a) 8/28/41 (Date received local registrar) (b) M. M. Crown (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 504 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 24 41
year hour minute 94 M.

21. I hereby certify that I attended the deceased from 8-24-41 1941;
that I last saw the deceased at home 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Exhaustion - Subarachnoid Hemorrhage
Due to Fracture of the Skull
Due to

Other conditions (Include pregnancy within 3 months of death) 186 a

Major findings: Of operations 186 a
Of autopsy

Duration
PHYSICIAN
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) Accidental

(b) Date of occurrence 8-20-41 123

(c) Where did injury occur? KC Jackson Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Hall at home
(Specify type of place)

While at work (a) (b) Means of injury

23. Signature [Signature] (M. D. or other) 3
Address [Signature] Date signed

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

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..... *Chas Wilks*
Licensed Embalmer No. *2644*
P. O. Address *1800 Pinewood*

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.