

Registration District No. 404 Primary Registration District No. 5558 Registrar's No. 79

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 8100 Prospect Avenue
(d) Length of stay: In hospital or institution
In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 8100 Prospect Avenue
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Mr. Finis Coleman Self

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mrs. Eliza Mae Self 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased November 25 1872

8. AGE: Years 68 Months 10 Days 29

9. Birthplace Kansas City Missouri

10. Usual occupation Farmer

11. Industry or business Retired

12. Name David S. Self

13. Birthplace Unknown

14. Maiden name Louisa Brumfield

15. Birthplace West Virginia

16. (a) Informant

(b) Address 8100 Prospect Ave

17. (a) Burial (b) Date thereof Oct. 28, 1941

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director

(b) Address 1401 Brush Creek Blvd

19. (a) (b) Registrar's signature

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th year 1941 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 30, 1941, to Oct. 24, 1941, that I last saw him alive on Oct. 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Multiple cerebral apoplexy

Due to arteriosclerosis

Duration 5-10 years

Other conditions

Major findings: Of operations

Of autopsy

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Home

While at work? (e) Means of injury

23. Signature

Address 1000 Madison Blvd Date signed 10-23-41

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

048
0
0

Duration
6 mos.
5-10 years

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *C. Hervey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.