

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 11 1942

Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 263

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Rural 6 m. South E.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 wks
(Specify whether years, months or days)

In this community 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 6 m. S. East
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Christopher Sebalt

3. (b) If veteran, name war -

3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12 year 1942 hour - minute - M.

4. Sex ma 5. Color or race w 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife - 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Jan 29 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 10, 1942 to Oct 12, 1942
that I last saw him alive on Oct 11, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 79 Months 8 Days 12 If less than one day hr. - min. -

Immediate cause of death Coronary occlusion Duration 2 day

Due to Arteriosclerosis several yrs

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

10. Usual occupation Farmer

Other conditions (Include pregnancy within 3 months of death) 940

Major findings: Of operations -

Of autopsy -

11. Industry or business -

12. Name Friedrich Sebalt

13. Birthplace Germany (City, town, or county) A (State or foreign country) -

14. Maiden name Louise Dahr

15. Birthplace Germany (City, town, or county) 4 (State or foreign country) -

PHYSICIAN -

Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Yvonne Sebalt

(b) Address Independence Mo RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-14-42
(Month) (Day) (Year)

(c) Place: burial or cremation Independence (Walden)

18. (a) Signature of funeral director Mr. G. W. ...

(b) Address Blue Springs Mo

19. (a) 10-14-42 (Date received local registrar) (b) J. M. ... (Registrar's signature)

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 0

23. Signature J. B. Hickerson (M. D. or other) 0

Address Independence Mo Date signed Oct 13

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

48
0
0

117
111

1163

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.....

R. Blunt

Licensed Embalmer No.....

2353

P. O. Address.....

Blue Springs 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, fact should be so stated above.