

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41272

State File No. 5381
Registrar's No.

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution:
4621 E. 10TH ST.
(d) Length of stay: In hospital or institution
4 YEARS 6 MO. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 4621 E. 10TH ST.
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME JOSEPHINE SELLARS
(b) If veteran, name war NO
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month DEC day 16
year 1943 hour 3:35 minute P. M.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife ENOCH M SELLARS
6. (c) Age of husband or wife if alive ✓ years
7. Birth date of deceased Apr. 27 1861
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from DECEMBER 9 1943 to DECEMBER 16 1943
that I last saw HER alive on DECEMBER 16 1943
and that death occurred on the date and hour stated above.
Immediate cause of death: CARDIAC FAILURE
Duration 3 hrs

8. AGE: Years 82 Months 7 Days 19
If less than one day hr. min.

Due to CARDIAC DECOMPENSATION +
Due to SENILE + HYPOSTATIC PNEUMONIA
Other conditions ASC

9. Birthplace HARRISON CO MO
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business
12. Name W. W. WIRT
13. Birthplace ILLINOIS
14. Maiden name MARY ELIZABETH ERSOY
15. Birthplace ILLINOIS

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant GEORGE SELLARS
(b) Address 4621 E. 10th St., Kansas City, Mo.

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?

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: DEC 19 1943
(Month) (Day) (Year)
(c) Place: burial or cremation RIDGEWAY, MO.
18. (a) Signature of funeral director E. K. George
(b) Address Grandview, Mo.
19. (a) 12-18-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

While at work? (Specify type of place) (a) Means of injury
23. Signature H. L. Reed (M. D. or other) MD
Address 6323 Cherokee Plaza Date signed 12-18-43

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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.