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0M—2-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 6 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6217

Registration District No. 149 | Primary Registration District No. 1002 | Registrar's No. 929

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: 2924 Brooklyn / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether years, months or days)

In this community: 58 years,

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.: 2924 Brooklyn, (If rural, give location)

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

If yes, name country: x

3. (a) PRINT FULL NAME: Sell J. Mead

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: Dora Mead

6. (c) Age of husband or wife if alive: unknown years

7. Birth date of deceased: November 15 1864 (Month) (Day) (Year)

8. AGE: Years 79 | Months 3 | Days 9 | If less than one day ___ hr. ___ min.

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

10. Usual occupation: Conductor

11. Industry or business: Chicago & Alton R. R.

MOTHER FATHER

12. Name: David Mead,

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

14. Maiden name: Nancy Alexander

15. Birthplace: Pennsylvania / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Dora Mead,

(b) Address: 2924 Brooklyn, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-26-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington Cemetery

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-26-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24th year 1944 hour 12:31 A. minute A. M.

21. I hereby certify that I attended the deceased from Feb. 16, 1944, to Feb. 24, 1944, that I last saw him alive on Feb. 24th, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	8 Days
Due to Blood Pressure 240 - 132	3 yrs
and Chronic Nephritis	5 yrs
Due to	
Other conditions: None (Include pregnancy within 3 months of death)	

Major findings: Of operations: None

Of autopsy: No

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)

(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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: Eugene Carbaugh (M. D. or other)

Address: 714 Bryant Bldg. Date signed: 2-24-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Eugene Carbaugh
Bryant Bldg

SEP 17 1954

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.

Hurley

Signed John H Hurley

Licensed Embalmer No. 4050

P. O. Address Kansas City 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.