

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10349
5204
Registrar's No.

FILED JAN 4 1949
Registration District No. 19489

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson County Mo

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

(c) Name of hospital or institution: Memorial
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution half hour
(Specify whether)

In this community same
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte Co

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

(d) Street No. 2708 North 22nd K.C. Kan
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Selvy, Leonard Clark, Jr.

3. (b) If veteran name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1944 hour 8:05 minute 40 M.

21. I hereby certify that I attended the deceased from December 20, 1944, to Dec. 20, 1944
that I last saw him alive on Dec 20, 1944
and that death occurred on the date and hour stated above.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced Infant

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

7. Birth date of deceased: December 20 1944
(Month) (Day) (Year)

Immediate cause of death: Asphyxia neonatorum 48 min

Due to Atelectasis and exhaustion due to long labor

Due to _____

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

8 AGE:	Years	Months	Days	If less than one day
<u>half hour</u>				hr. <u>48</u> min.

9. Birthplace Kansas City Jackson Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business _____

12. Name Leonard Selvy

13. Birthplace Kansas City Kansas
(City, town, or county) (State or foreign country)

14. Maiden name Violet Myrie Nett

15. Birthplace Higginsville Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Selvy (Selvy)

(b) Address 2708 N. 22nd K.C. Kan.

17. (a) Burial (b) Date thereof: 12 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem. K.C.K.

18. (a) Signature of funeral director Fairweather - Werner

(b) Address 1734 Washington Blvd. K.C.K.

19. (a) 12-21-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: 161a

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? _____
(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 _____ (b) Means of injury _____

23. Signature John G. Lapp (M. D. or other) MD
Address 314 Professional Bldg Date signed Dec 20 44

1091

[Handwritten mark]

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... *Augustine C. Werner*
Licensed Embalmer No. *2597*

P. O. Address... *Fairview - Wernon*

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.

*1734 Washington Blvd.
Kansas City - Kansas*