

FILED DEC 28 1944

Registration District No. 134

Primary Registration District No. 5575

Registrar's No. 77

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY - ^(Rural) ~~Washington~~
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8500 EUCLID AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 65 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY - ^(Rural) ~~Rural~~
(If outside city or town limits, write "RURAL")
(d) Street No. 8500 EUCLID AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME MRS MARY ELLEN SELF

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

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (c) Age of husband or wife if alive SELF years
7. Birth date of deceased MARCH 9 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 8 Days 7 If less than one day
hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER { 12. Name PHILLIP WOLF A
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name UNKNOWN LEWIS
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. ETTA MAY SECHRIST
(b) Address 8500 EUCLID AVENUE

17. (a) BURIAL (b) Date thereof DEC 9 1944
(Burial, cremation, or removal) (City or town) (County) (State) (Year)
(c) Place: burial or cremation NEAR OVERLAND PARK, KAN.

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSHY CREEK BLVD

19. (a) 12-11-44 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC day 6TH
year 1944 hour 10 minute 20 P.M.

21. I hereby certify that I attended the deceased from Sept. 11 1944 to Dec. 6 1944
that I last saw him alive on Dec. 1 1944
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition - senility
Due to inadequate growth in neck
passing up the trachea & oesophagus.
Due to.....

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 57x
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?

While at work (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other)
Address 502 E. 1st Date signed.....

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

48
0
3

80th + passed

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..... *Eldscar Horkney*

Licensed Embalmer No. *1767*

P. O. Address *Kansas City*

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.