

FILED MAR 29 1945

Registration District No.

Primary Registration District No.

10.02

Registrar's No.

1215

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: Roanoke Nursing Home, 3668 Madison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 82 yrs.
(Specify whether in this community years, months or days)

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. 3677 Madison
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Sophia Selman

3. (b) If veteran, name war

No

3. (c) Social Security No.

710

4. Sex

Female

5. Color or race

White

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

Widow

6. Name of husband or wife

George Selman

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

years

7. Birth date of deceased

July

4

1856

8. AGE:

Years

Months

Days

If less than one day

88

8

9

hr.

min.

9. Birthplace

Bedford County

202

10. Usual occupation

at home

MOTHER FATHER

11. Industry or business

John Bessenbacher

12. Name

13. Birthplace

14. Maiden name

15. Birthplace

16. (a) Informant

(b) Address

17. (a) Burial

(b) Date thereof

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) 3-15-45

(b) N. E. Brown

(Data received local registrar)

(Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1945 hour 8 minute 9 M.

21. I hereby certify that I attended the deceased from March 15 1945 to March 13 1945
that I last saw him alive on March 11 1945
and that death occurred on the date and hour stated above.

Immediate cause of death

Toxic Myocarditis

Duration

2/22/45

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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? _____

While at work?

(Specify type of place)

(a) Means of injury

23. Signature

Address

N. E. Brown
612 Professional Bldg.
3/12/45

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

1826 Verona T. 111

11/11/11
A. J. ...

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..... *C. H. Wise*

Licensed Embalmer No..... *2570*

P. O. Address..... *KC 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.