

7. S. No. 2
100M-5-43
Rev. 5-17-39
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12475

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 3 1945
199

Registration District No. _____ Primary Registration District No. 1002

Registrar's No. 1799

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

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:
1011 Greenway Terrace
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community since 1908 years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary J. Sellers

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Asa Sellers 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased April 26 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

83 11 2024 hr. min.

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

10. Usual occupation at home

11. Industry or business x

MOTHER FATHER

12. Name unknown

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

14. Maiden name unknown

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

16. (a) Informant Mrs. R. J. DeLano

(b) Address 1011 Greenway Terrace, K. C., Mo.

17. (a) Burial (b) Date thereof 4-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Stire & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 4-21-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 1011 Greenway Terrace
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20
year 1945 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from July 1-45
19 to Apr 20th 1945
that I last saw h. alive on Apr 19 1945
and that death occurred on the date and hour stated above.

Immediate cause of death acute nephritis Duration _____

Due to arteriosclerosis

Due to chronic nephritis

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 131

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)

(c) Means of injury _____

23. Signature John D. Outcald (M. D. or other)
Address 1219 North 1st St Date signed 4-20-45

Reed

Dr. John Outland

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 *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *14 C 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.