

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36871

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1743

FILED JAN 21 1946  
Registration District No. 149

Primary Registration District No. 1002

State File No. \_\_\_\_\_  
Registrar's No. 5437

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: General Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
In this community 42 years  
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1208 Holmes  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME RALPH SELL

3. (b) If veteran, name war No 3. (c) Social Security No. 487-09-8512

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Jan. 11 1894  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
51 11 20 .hr. min.

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

10. Usual occupation Laborer

11. Industry or business Union Pacific R R

12. Name Daniel G. Sell

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

14. Maiden name Myrtie Brugh

15. Birthplace Pine Grove Pa  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Brooker

(b) Address 1222 Central Kansas City

17. (a) removal (b) Date thereof Jan. 3, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Kansas

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 S 18th Kansas City Kans

19. (a) 12-29-45 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 31st  
year 1945 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from Dec. 29, 1945 to Dec. 31, 1945  
that I last saw him alive on Dec. 31, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Extensive lobar pneumonia bilateral

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 108  
(Include pregnancy within 3 months of death)

Major findings: 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_  
Signature Clark W Sealy MD (M. D. or other)  
Address K. C. Mo Date signed \_\_\_\_\_

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

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

100388

FEB 1 1945

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**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 Paul Bell .....

Licensed Embalmer No. 3426 .....

P. O. Address 22 S. 18th 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.**