S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23954

Registration District No. 147 Primary Registration District No. 5569 Registrar's No. 234

1. PLACE OF DEATH:

(a) County Jackson Brookings
(b) City or town RURAL 64th & James A Reed Rd #2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 64TH & JAMES A. REED RD. R.R.#2 K.C.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --- (Specify whether
In this community 40 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 468
(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 65TH & JAMES A. REED RD. R.R.#2 K.C. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME OTIS Carl See

3. (b) If veteran, name war ~~WORLD WAR I~~ NO

3. (c) Social Security No. 500-03-2942

4. Sex MALE 0

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. ANNA I. SEE

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased DECEMBER 21 1886 (Month) (Day) (Year)

8. AGE: Years 59 Months 5 Days 0 If less than one day ___ hr. ___ min.

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

10. Usual occupation SALESMAN

11. Industry or business

FATHER
12. Name FLEMING SEE
13. Birthplace MONROE COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LUCY GEORGE COBBS
15. Birthplace MONROE COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs. Stella M. Blake
(b) Address 3300 E. 53rd St

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 23 1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FLORAL HILLS CEMETERY

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

19. (a) 5/23/46 (Date received local registrar) (b) Mildred J Garvin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 21st year 1946 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from Coroner, 19__, to ___, 19__; that I last saw h___ alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Arthrosclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy no
Hiding & Inspection

Duration

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1424 [illegible] Date signed 5-22-46

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(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.