

No. 2
-12-45
5-17-39
X47070

FILED JUN 30 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

21186

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2621

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:
2850 Troost Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 35 Years
years, months or days)

3. (a) PRINT FULL NAME Nathaniel Selichonok

3. (b) If veteran, name war no 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Elka 6. (c) Age of husband or wife if alive 1870

7. Birth date of deceased Unknown
(Month) (Day) (Year)

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

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

10. Usual occupation Hardware

11. Industry or business Retired

12. Name Mayer

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

14. Maiden name Connie

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

16. (a) Informant Jake Selichonok

(b) Address 3222 Wabash

17. (a) Burial (b) Date thereof 6-17-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J. P. Louis Funeral Home

(b) Address 3400 Woodland

19. (a) 6-17-47 (b) Alraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2850 Troost
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from 6-14-1947 to 6-16-1947
that I last saw him alive on 6-15-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 day

Due to arteriosclerosis 6 mo

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations appa
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) (e) Means of injury _____

23. Signature J. M. Higgins (M. D. or other) J. M. D.

Address 925 W. 11th St. Date signed 6-17-47

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

MOTHER FATHER

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..... *Henry Buffington*
Licensed Embalmer No. *2756*
P. O. Address..... *15 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.