No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

1314

State File No. .....

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 26

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 809 E. 31st St Terrace (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 135 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3 (If outside city or town limits, write "RURAL")
(d) Street No. 809 E. 31st St. Terrace 8 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country .....

3. (a) PRINT FULL NAME Hugh Omer Sellers
3. (b) If veteran, name war No.
3. (c) Social Security No. 486-26-5599
4. Sex M. 0
5. Color or race wh
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Bessie N. Sellers
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased Dec. 13 (Month) 1885 (Day) (Year)

8. AGE: Years 62 Months 0 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Kansas (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business .....
FATHER
12. Name John Sellers
13. Birthplace Indiana (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Mary Swearingen
15. Birthplace Indiana (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Bessie Sellers
(b) Address 809 E. 31st Terrace
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/5/48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director Carroll-Davidson
(b) Address 302 + Troost av.
19. (a) 1-3-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jany 1 day first year 1948 hour 9 o'clock minute — A.M.

21. I hereby certify that I attended the deceased from 1-1- 1948, to 1-1- 1948 that I last saw him alive on 1/1-48 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis illness of heart	1 day
Due to 6 hours duration	
Due to	
Other conditions (Include pregnancy within 3 months of death) none	
Major findings: Of operations none	
Of autopsy none	

PHYSICIAN — Underline the cause of 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 Emily E Lilly (M. D. or other) MD
Address 807 Argyle Bldg. Date signed 1/26/48 Mo

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address K.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.