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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 13 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5246**

Registration District No. **1158**

Primary Registration District No. **5572**

Registrar's No. **52**

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

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Rural Independence
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Jackson Co. Emergency Hosp.
(If not in hospital or institution, write street number and location)
 (d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Selby

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

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

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

7. Birth date of deceased Mar 14 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>11</u>	<u>20</u>	hr. min.

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

10. Usual occupation Painter

11. Industry or business _____

MOTHER FATHER

12. Name Chas. A. Selby

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

14. Maiden name Sarah J. Potter

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

16. (a) Informant Mrs. Grace Frazer

(b) Address 130 E. Waldo Independence Mo

17. (a) burial (b) Date thereof 8/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) March 6, 1948 (b) Donald C. Carson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Independence 4
(If outside city or town limits, write "RURAL")
 (d) Street No. 130 East Waldo 4
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
 year 1948 hour 9 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3-1-48, 1948 to 3-4-48, 1948;
 that I last saw him alive on 3-4-48, 1948
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
 Duration _____

Due to _____

Due to _____

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

Major findings:
 Of operations _____

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 _____

21. Signature Frank E. Johnson
(Name or other)

Address R# 4 Independence Date signed 3-5-48
Mo.

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.....

Charles F. Tyle.....; Registered Apprentice No. *411*
working under my personal supervision.

Signed *Paul C. Carson*.....

Licensed Embalmer No. *4199*

P. O. Address *Independence, 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.