

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5368
Do not use this space.
367

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Primary Registration District No. 1002
(c) City Kansas City (d) Street No. St. Joseph Hospital Registered No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. George W. Sells St. Kansas City / Kansas
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR (OR RACE) White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Ann Sells
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11-9-1869
7. AGE YEARS 69 MONTHS 3 DAYS 1 If LESS than 1 day, hrs. or min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Fireman (unemployed)
10. Date deceased last worked at this occupation (month and year) Nov - 1937 11. Total time (years) spent in this occupation 50 years
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gladie Kansas
FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
MOTHER 15. MAIDEN NAME Heley Hendrickson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT Lawrence Sells
(ADDRESS) 206 N 22, 12. C. Kansas
18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 2-13-39
19. FUNERAL DIRECTOR W. H. Fox
(ADDRESS) 12 - C. Kansas
20. FILED 2-10-1939 M. M. Crowe Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-10, 1939
22. I HEREBY CERTIFY, That I attended deceased from 2.2, 1939, to 2.10, 1939.
I last saw him alive on 2.9, 1939. Death is said to have occurred on the date stated above, at 2:15 m.
The principal cause of death and related causes of importance were as follows:
Prostatic Hypertrophy by
Calculation of Prostate
Date of onset 137/39
Other contributory causes of importance:
Pyelitis
Cystitis
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury , 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury
24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. H. Fox M. D.
(Address) 1019 W. Professional Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.....
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)