

Registration District No. **399**

Primary Registration District No. **100**

Registrar's No. **3732**

1. PLACE OF DEATH:  
(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution **St. Mary's Hospital**  
(d) Length of stay: In hospital or institution **4 hours**  
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Kansas** (b) County **2**  
(c) City or town **Kansas City**  
(d) Street No. **4318 Rainbow Blvd**  
(e) If foreign born, how long in U. S. A. **57 years**

3. (a) PRINT FULL NAME **Ernest C. Sells**  
3. (b) If veteran, name war **20**  
3. (c) Social Security No. **20**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **24**  
year **1939** hour **12** minute **40** AM

4. Sex **Ma** 5. Color or race **Wh**  
6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Mrs. Rosetta Sells**  
6. (c) Age of husband or wife if alive **unk** years  
7. Birth date of deceased **Feb. 25 1865**

21. I hereby certify that I attended the deceased from **9/20** to **9/24** 19**39**  
that I last saw him alive on **9/23** 19**39**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Broncho - Pneumonia** Duration **1 wk**

8. AGE: Years **74** Months **6** Days **29**  
If less than one day hr. min.

Due to **23**  
Due to **1**

9. Birthplace **Germany**  
10. Usual occupation **Farmer**

Other conditions **Chronic fibroid**  
**tuberculosis** years

11. Industry or business **6**  
12. Name **No Record**  
13. Birthplace **'' ''**  
14. Maiden name **'' ''**  
15. Birthplace **'' ''**

PHYSICIAN  
Major findings: **Of operations**  
Of autopsy **same**  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature **Ernest Sells**  
(b) Address **Burial**  
17. (a) **Burial** (b) Date thereof **Sept.**  
(c) Place: burial or cremation **Elmwood 9/24/39**  
18. (a) Signature of funeral director **John W. Wagner**  
(b) Address **Kansas City, Mo.**  
19. (a) **Sept 25, 1939** (b) **M. M. Brown**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? **At Council** (e) Means of injury  
23. Signature **At Council** (M. D. or other)  
Address **810 Medical Arts Bldg** Date signed **9/25/39**

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 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 W. R. Haunschild

Licensed Embalmer No. 4062

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, above space should be left blank.**