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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17651

JUN 17 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2178

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 St. Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Minutes (Specify whether

In this community 30 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits write "RURAL")

(d) Street No. 3201 East 73rd Street (If rural, give location)

(e) If foreign born, how long in U. S. A.? ------- years.

3. (a) PRINT FULL NAME Mrs. Mabel Marie Nelson Semstead

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Charles W. Semstead

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased December (Month) 15 (Day) 1899 (Year)

8. AGE: Years 40 Months 5 Days 10 If less than one day ___ hr. ___ min.

9. Birthplace Le Roy (City, town, or county) Kansas (State or foreign country)

10. Usual occupation Housewife

11. Industry or business -------

FATHER
12. Name Charles E. Nelson
13. Birthplace Coffey County (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Nellie Peek
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Chas Wm Semstead

(b) Address 3201 E. 73rd St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 27, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director D. W. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) May 27, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25th year 1940 hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from ___, 19__ to ___, 19__; that I last saw him alive on ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion

Due to Carbolic Acid Poisoning

Due to 163

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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) Suicide

(b) Date of occurrence 5-25-40

(c) Where did injury occur? KC (City or town) Jackson (County) Mo (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 5

23. Signature Russell W. Fear (M. D. or other)

Address KC Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address K.C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.