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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

19[illegible] STANDARD CERTIFICATE OF DEATH

State File No. 20751

FILED JUL 7 1941

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2281

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: 1110 Monroe
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 66 yrs
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. 1110 Monroe
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Ida M. Sellers

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 Widow

6. (b) Name of husband or wife Wm A Sellers

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

7. Birth date of deceased June 23 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	11	19	..... hr. ..... min.

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

10. Usual occupation at home

11. Industry or business .....

FATHER
12. Name Benjiman Thomas
13. Birthplace Scotland
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Barton
15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Warren L. Thomas
(b) Address Leavenworth Kansas

17. (a) Burial (b) Date thereof June 13 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cem

18. (a) Signature of funeral director Mrs C. L. Foster
(b) Address 918 Brooklyn

19. (a) 6/14/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 6-12-41
year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 8 45 a.m. ..... 19..... to ..... 19.....;
that I last saw her alive on ..... 19.....;
and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death	Duration
Acute coronary occlusion	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Victor [illegible] (M. D. or other) .....

Address K. C. Mo. 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 me

Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

P. O. Address

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

If this body is not embalmed, fact should be so stated above.