

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42564

State File No. _____

Registrar's No. 350

LED JAN 15 1944

Registration District No. _____

Primary Registration District No. 3026

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(c) Name of hospital or institution: Independence Sanitarium
(d) Length of stay: In hospital or institution 1 week
In this community 65 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural
(d) Street No. 4100 East, Alton
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Fredrick E. Sebolt

3. (b) If veteran, name war → 3. (c) Social Security No. →

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased march 11 - 1868

8. AGE: Years 75 Months 9 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Jackson Co. Mo.

10. Usual occupation Farmer

11. Industry or business _____

12. Name Fredrick Sebolt

13. Birthplace Germany

14. Maiden name Louise Schmi

15. Birthplace Germany

16. (a) Informant Charles Sebolt

(b) Address R.R. #10 N Kansas, Aly. Mo.

17. (a) Burial (b) Date thereof Dec 31 43

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director W. H. Mitchell

(b) Address 310 N. Main St. Indep. Mo.

19. (a) 12-31-1943 (b) Jamieson

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29 year 1943 hour 9 minute 30 M.

21. I hereby certify that I attended the deceased from 12/20, 1943, to 12/29, 1943

that I last saw him live on 12/29/43 and that death occurred on the date and hour stated above.

Immediate cause of death Bilateral basal lobar pneumonia

Due to Cardio-renal-vascular disease & hypertension

Due to uremia

Other conditions _____

Major findings: Of operations None

Of autopsy None

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? _____ (Specify type of place) (e) Means of injury □

23. Signature A. H. Allen (M. D. or other) M.D.

Address Independence Mo. Date signed 1/30/43

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 Henry H Mitchell

Licensed Embalmer No. 3925

P. O. Address Indep 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.