

**FILED** APR 20 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**

(a) County **Kansas City**

(b) City or town **Kansas City**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **Lakeside Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 weeks**  
(Specify whether)

In this community **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **48**

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

(d) Street No. **2302 Askew** **8**  
(If rural, give location)

(e) Citizen of foreign country? **No** **0**  
(Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT MRS. SELENA MAE ECKERSLEY  
FULL NAME

3. (b) If veteran, name war **XX no**

3. (c) Social Security No. **489-22-3121**

4. Sex **Fe** / 5. Color or race **Wh**

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

6. (b) Name of husband or wife **Clayton Eckersley**

6. (c) Age of husband or wife if alive **20** years

7. Birth date of deceased **January 23 1925**  
(Month) (Day) (Year)

8. AGE: Years **21** Months **2** Days **4**  
If less than one day hr. min.

9. Birthplace **Sedalia Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Chas. H. Tothill**

13. Birthplace **Kansas City Mo.**  
(City, town, or county) (State or foreign country)

14. Maiden name **Helen M. Pett's**

15. Birthplace **Warsaw Mo.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Clayton Eckersley**

(b) Address **2302 Askew**

17. (a) Burial (b) Date thereof **3-30-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **J. M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **3-28-46** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **27**  
year **1946** hour **10** minute **45** P.M.

21. I hereby certify that I attended the deceased from **March 14**  
**1946** to **March 27** 19 **46**

that I last saw her alive on **March 27** 19 **46**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Cardio dilatation**

Due to **Pulmonary Atelectasis**

Due to **149 lb**

Other conditions **Pregnancy 9 mo.**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: **Cesarian Section 14 days before**  
**Malignant Band's Contractile Ring**  
**Of autops: Atelectasis; CARDIA C**  
**dilatation, venous congestion passive.**

Under which 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? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature **J. R. M. Howard** **2 DO.**  
**J. I. Chamber Bldg** **3/28/46**  
(M.D. or other) Address Date signed

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
8306

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**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 Alvin R. Haenschild  
Licensed Embalmer No. 4159  
P. O. Address. Kansas City 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.**