

FILED MAY 27 1946

State File No.

2220

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Childrens Mercy Hospital
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution 5-13-46 to 5-17-46
(Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis
(c) City or town Sedalia, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 410 N. Brown
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Donald Michael Selvey

3. (b) If veteran, name war no

3. (c) Social Security No. 7000

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife Infant 6. (c) Age of husband or wife if alive years
7. Birth date of deceased 2. 13 - 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 8 4 hr. min.

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

10. Usual occupation Infant

11. Industry or business

12. Name Donald Selvey

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

14. Maiden name Lily Deibrough

15. Birthplace Hunts England
(City, town, or county) (State or foreign country)

16. (a) Informant Donald W. Selvey

(b) Address 410 N. Brown Sedalia, Mo

17. (a) Removal (b) Date thereof 5/17/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director W. B. Barron

(b) Address Independence Mo.

19. (a) 5-17-46 (b) Gertrude Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1946 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from May 13, 1946 to May 17, 1946
that I last saw him alive on May 17, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death primary Enteritis - type undetermined
Pneumothorax, cause undetermined (M.M.A.)

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 119a²
Of autopsy _____

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 0

23. Signature W. B. Barron (M. D. or other) _____
Address 1124 Prof Bldg Date signed 5-17-46

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

MOTHER FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 P. A. Fisher
Licensed Embalmer No. 4123
P. O. Address Indianapolis, 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.