

No. 2
-5-43
-5-17-39
I X36671

FILED JUN 20 1946

State File No.
Registrar's No. 8

Registration District No. Primary Registration District No. 5543A

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Oak Grove - Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5 mi S. West - Sni a bar
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. _____
(Specify whether)

In this community 35 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Oak Grove (Rural)
(If outside city or town limits, write "RURAL")

(d) Street No. 5 mi S. West
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Luke a Sebolt

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

4. Sex MO 5. Color or race W

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

6. (b) Name of husband or wife Lula 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Mar 22 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

71 2 0 _____ hr. _____ min.

9. Birthplace Lees Summit MO
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Farmer

12. Name Friedrich Sebolt

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

14. Maiden name Louise John

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

16. (a) Informant Mrs Lula Sebolt

(b) Address Oak Grove R.F.D. No

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-23-46
(Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs Mo

18. (a) Signature of funeral director Mrs G. A. Johnson

(b) Address Blue Springs Mo

19. (a) 5-26-1946 (Date received local registrar) (b) Mrs. Essie M. Hixson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21
year 1946 hour 1:45 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 1945
_____ 19____ to May 21 _____ 1946
that I last saw him alive on May 21 _____ 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the cardiac oropharynx of the oesophagus

Due to _____

Due to _____

Other conditions Metastases in both lungs and all abdominal
(Include pregnancy within 3 months of death)

Major findings: (Viscera)

Of operations: 460

Due to _____

Due to _____

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? _____ (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)

Means of injury _____

23. Signature O. L. ... (M. D. or other) _____

Address Oak Grove Mo Date signed 5-22-46

Duration

6 mos

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

135

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..... *R B Webb*

Licensed Embalmer No. *2353*

P. O. Address..... *Blue Springs 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.