U. S. No. 300
50M—10-47
Rev. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16504

Registrar's No. 2227

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: General Hospital No. 1 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 53 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 144 No. Lawn 7
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Albert N Sevedge

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Carrie

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

7. Birth date of deceased Jan 4, 1866
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 21 If less than one day hr. min.

9. Birthplace (City, town, or county) Ill (State or foreign country) 1

10. Usual occupation Retired Calover

11. Industry or business Sheffield Steel

FATHER
12. Name Unknown
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant A. E. Sevedge

(b) Address 144 No Lawn

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-1948
(Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington

18. (a) Signature of funeral director Blackmond

(b) Address K-C. mo.

19. (a) 5-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1948 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from May 18, 1948, to May 25, 1948;
that I last saw him alive on May 25, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriolar nephrosclerosis	
Due to	
Due to	
Other conditions Intertrochanteric fracture right femur (Include pregnancy within 3 months of death)	
Major findings: Of operations 1860	
Of autopsy See above 39	

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) Accident

(b) Date of occurrence May 7, 1948 123

(c) Where did injury occur? K.C. ~~Not known~~ Jackson (City or town) (County) MO. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On street
(Specify type of place)

While at work? No (e) Means of injury Fall

Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 5-26-48

(Licensed Embalmer's Statement on Reverse Side)

Dr Allen

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K C 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.