V. S. No. 300
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Rev. 5-17-39
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 7 1948

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16505

Registrar's No. 2210

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

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~~: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 5-7-48 to 5-24-48 (Specify whether
In this community 45 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson

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

(d) Street No. 2818 Paseo
(If rural, give location)

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

If yes, name country: - -

3. (a) PRINT FULL NAME: George Andrew Sever

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

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

6. (b) Name of husband or wife: Mrs. Louisa J Sever

6. (c) Age of husband or wife if alive: 74 years

7. Birth date of deceased: Nov. (Month) 26 (Day) 1867 (Year)

8. AGE: Years: 80 Months: 5 Days: 28 If less than one day: hr. min.

9. Birthplace: Milo (City, town, or county) Iowa (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Furniture Dealer

MOTHER FATHER

12. Name: Allen Sever

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

14. Maiden name: Ann Rebecca Hurst

15. Birthplace: Sussex County (City, town, or county) Delaware (State or foreign country)

16. (a) Informant: Mrs. Louisa J Sever

(b) Address: 2818 The Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: May 26 1948 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~: Mt. Moriah Cemetery

18. (a) Signature of funeral director: D. N. Newcomer's Sons

(b) Address: 1401 Brush Creek Blvd.

19. (a) 5-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 24 year 48 hour 1 27 minute A M.

21. I hereby certify that I attended the deceased from Nov 9, 1936, to 5-24, 1948; that I last saw ~~him~~ alive on 5-23, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Encephalomalacia	3 wks
Due to: Arteriosclerosis	20 yrs
Due to: Hypertension	"
Other conditions (Include pregnancy within 3 months of death): 830	

Major findings:
Of operations:

Of autopsy: Encephalomalacia
Cerebral edema - Arteriosclerosis

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):

(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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: E L Petry M.D. (M.D. or other)

Address: 305 Argyle Bldg. Date signed: 5-24-48

(Licensed Embalmer's Statement on Reverse Side)

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 Bernard L. Horan

Licensed Embalmer No. 4256

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.