

FILED MAY 17 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16753**
2080

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			c. LENGTH OF STAY (in this place) <u>16 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>			n a r
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7325 MERCIER</u>				d. STREET ADDRESS (If rural, give location) <u>7325 MERCIER</u>			
3. NAME OF DECEASED (Type or Print) <u>EDWARD</u>		a. (First)	b. (Middle) <u>H.</u>	c. (Last) <u>SEHRT</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5-4-52</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 19, 1880</u>	9. AGE (In years last birthday) <u>72 7/8</u>	# UNDER 1 YEAR Months	# UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED FROM INTERNATIONAL HARVESTER CO.</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HARVESTER CO.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WISCONSIN</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY SEHRT</u>		13b. MOTHER'S MAIDEN NAME <u>BERTHA KATO</u>		14. NAME OF HUSBAND OR WIFE <u>PEARL SEHRT</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>495-05-7338</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. PEARL SEHRT - 7325 MERCIER</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thromboses multiple</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		352X			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (M.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec</u> , 19 <u>51</u> , to <u>May 4</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 4</u> , 19 <u>52</u> , and that death occurred at <u>12:55 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James R. McWayne M.D.</u>				23b. ADDRESS <u>814 Porter Bldg. N.W. Ave.</u>		23c. DATE SIGNED <u>5-5-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-6-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>		24d. LOCATION (City, town, or county) (State) <u>PERRY RIDGE, MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>5-6-52</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE & MC CLURE KANSAS CITY, MO.</u>			

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

*Re James McVay
Baiter Bldg. Va 5800*

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jan Clark

Licensed Embalmer No. _____

4216

P. O. Address _____

R. G. MED

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.