

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42480

State File No.

FILED JAN 5 1953
BIRTH NO. 69463

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

Registrar's No. 5593

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) Lifetime		d. STREET ADDRESS (If rural, give location) 1518 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		3 268	
3. NAME OF DECEASED a. (First) (Type or Print) (Infant) Selma Jean		b. (Middle) Webb	c. (Last) Webb
4. DATE OF DEATH (Month) (Day) (Year) 9 13 52			
5. SEX 3 Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-28-52
9. AGE (In years last birthday) 16	10. MONTHS 16	11. HOURS 16	12. MINUTES
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? America	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME Ossie Webb	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ossie Webb, 1518 Forest
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity due to ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Prematurity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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)	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 8-28-52, 19___, to 9-13-52, 19___, that I last saw the deceased alive on 9-12-52, 19___, and that death occurred at 7:30 p.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. Frank Ellis, MD		23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 9-30-52
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-15-52	24c. NAME OF CEMETERY OR CREMATORY Leida	24d. LOCATION (City, town or county) (State) Kansas City MO
DATE REC'D BY LOCAL REG. 12-20-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ann A. Schuyler	ADDRESS 112 MO

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Anna Sommer

Licensed Embalmer No. 3089

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.