

REC'D JUN 16 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18122  
Do not use this space.

1. PLACE OF DEATH
- (a) County Chowford Registration District No. 230
- (b) Township Benton Primary Registration District No. 5312 Registered No. \_\_\_\_\_
- (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_
- (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Maria Sells
- (a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Sells
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14 - 1854
7. AGE YEARS 83 MONTHS 10 DAYS 25 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_
9. Industry or business in which work was done, as saw mill, bank, etc. None
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rock Island Co Ills.

- FATHER
13. NAME Elder Vandemore
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York State

- MOTHER
15. MAIDEN NAME Harriet Ahalbee
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ontario, New York
17. INFORMANT (ADDRESS) Rose Mary Crauer, Benton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kidder Cemetery DATE 5/21-1938
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Ed James, Steelville Mo
20. FILED June 3, 1938 G. G. A. George Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/19-1938
22. I HEREBY CERTIFY, That I attended deceased from May 1st, 1938, to May 19, 1938
- I last saw him alive on May 18, 1938 Death is said to have occurred on the date stated above, at 9:25 a.m.
- The principal cause of death and related causes of importance were as follows:

Chronic Interstitial Nephritis Date of onset \_\_\_\_\_

Other contributory causes of importance: Arthritis

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
- Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19 \_\_\_\_\_
- Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)
- Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_
- If so, specify \_\_\_\_\_ (Signed) Justin G. A. George M.D.
- (Address) Cape, Mo

RELATION TO CERTIFICATE ISSUED UNDER  
STATE LAWS TO REGISTERED  
EMBALMERS

**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.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**