

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43501
Registrar's No. 12

Registration District No. 359

Primary Registration District No. 4212

1. PLACE OF DEATH:

(a) County Hickory
(b) City or town Weaubleau Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 22 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME Gra F. Selering
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive _____ years
6. (b) Name of husband or wife Lillian Selering
7. Birth date of deceased Oct 9 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>81</u>	<u>2</u>	<u>8</u>	

9. Birthplace Friendship Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

MOTHER, FATHER
12. Name John Selering
13. Birthplace unknown
14. Maiden name Margaret Reser
15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Luckey
(b) Address Wheatland Mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Dec 19 1939
(Month) (Day) (Year)
(c) Place: burial or cremation Robison Cem

18. (a) Signature of funeral director M Luckey
(b) Address Wheatland Mo

19. (a) Dec 15 1939 (Date received local registrar) (b) Jesse Owens (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Hickory
(c) City or town Weaubleau Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17
year 1939 hour about 9:00 minute _____ A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death was found dead Duration _____
not deemed necessary to
hold inquest. checked
Due to that death cause by water
caused heart trouble and
Due to age

Other conditions no mark of violence
(include pregnancy within 3 months of death)

Major findings: no
Of operations: no
Of autopsy: no
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 Dec 17 - 1939
(c) Where did injury occur? at his farm home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
at farm home
While at work? yes (Specify type of place) (e) Means of injury none
23. Signature W Taylor Justice
Address at home

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 7,
District File Number 1-40-111
Date Filed 1-10-40

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 *J. P. Lecky*
Licensed Embalmer No. *12987*
P. O. Address *Wheatland, 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, above space should be left blank.