

JAN 22 1940

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

44969
Do not use this space.

1. PLACE OF DEATH

(a) County Webster 2 Registration District No. 896
 (b) Township Ozark 1 Primary Registration District No. 4198-4 Registered No. 49
 (c) City Marshfield (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred life If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 400 Mary Ann Sell

(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF x

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 19, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
6 no 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. child
 9. Industry or business in which work was done, as saw mill, bank, etc. x
 10. Date deceased last worked at this occupation (month and year) x 11. Total time (years) spent in this occupation x

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

FATHER 13. NAME J. S. Sell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Webster Co., Mo.

MOTHER 15. MAIDEN NAME Louie Buttram

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wright Co., Mo.

17. INFORMANT (ADDRESS) J. S. Sell
Niangue, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Niangue DATE Nov. 30, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Rev. Tamey
Marshfield, Missouri.

20. FILED Dec. 22, 1939 Ely Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 28, 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 27, 1939, to Nov 28, 1939

I last saw her alive on Nov 28, 1939 Death is said to have occurred on the date stated above, at 1:29 p.m.

The principal cause of death and related causes of importance were as follows:

Branchial Pneumonia
Caulis meningitis
Date of onset Nov 28

Other contributory causes of importance: 107W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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) W. H. Spencer M.D.
 (Address) Marshfield, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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: 6,

District File Number 100-256

Date Filed JAN 19 1940

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. J. J. J.* _____

Licensed Embalmer No. 3312

P. O. Address *Marshfield 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.