

Registration District No. 183 Primary Registration District No. 5-2-53

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

1. PLACE OF DEATH

(a) County Christian

(b) City or town Rural Logan
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: W

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community _____ years, months or days 11 1/2

9. (a) PRINT FULL NAME Hollie E. Sellers

8. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 9 - 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months _____ Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation House Keeper

11. Industry or business _____

12. Name Berry Gibson

13. Birthplace Va. (City, town, or county) (State or foreign country)

14. Maiden name Sarah Ann Young

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Porta Gray

(b) Address Mo. R #1

17. (a) Burial (b) Date thereof Feb. 6 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Delaware Cem.

18. (a) Signature of funeral director T. W. Maples

(b) Address Clevers Mo.

19. (a) Feb. 8 1940 (b) Ida B. Hawkins
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Christian

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Mo. R #1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4
year 1940 hour 10 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb. 1 1940, to Feb. 4 1940
that I last saw him alive on Feb. 3 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Unlabeled Heart Disease with Oldema of Lungs

Due to _____

Due to 92 W

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration _____

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) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. H. Wade (M. D. or other)

Address Mo. Date signed 2-6-40

RECEIVED

District Health Officer No. 6,

District File Number 240-412

Date Filed FEB 12 1940

1940 FEB 12 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.....

Licensed Embalmer No.....

P. O. Address.....

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.