

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2807

Registration District No. 426

Primary Registration District No. 5581

Registrar's No. ~~1~~ 1

1. PLACE OF DEATH:

(a) County Johnson
(b) City or town Centerview Rural
(c) Name of hospital or institution Shepherd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

FILED FEB 12 1940

USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson
(c) City or town Centerview Rural
(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.

In this community
8. (a) PRINT FULL NAME George N. Selwood
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 3
year 1940 hour 8 minute _____ A. M.

4. Sex male 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 July 13 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 24, 1939 to Jan. 3, 1940
that I last saw him alive on Dec. 13, 1939
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
76 5 20 hr. _____ min.

Immediate cause of death congestive heart failure Duration _____
Due to _____
Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 1939
Major findings: Of operations _____
Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address Warrensburg, Mo

17. (a) Burial (b) Date thereof Jan. 4 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Parish

18. (a) Signature of funeral director Deveney - Phillips
(b) Address Warrensburg, Mo

19. (a) 1-5-1940 (b) O. R. Conroy
(Date received local registrar) (Registrar's signature)

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) Months of injury _____

23. Signature Harry Farkness (M. D. or other) _____
Address Warrensburg, Mo Date signed 1/4/40

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.

RECORDING DEPARTMENT—MAKE A PERMANENT RECORD

FILED
Office of Health Officer No. 8
2/2/40
File Number

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.