

FILED APR 25 1940

230

Primary Registration District No. **5312**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Crawford Benton Twp
 (b) City or town Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 11 years
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Crawford
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. 0
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 10
 year 1940 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from Feb 10 - 1940
 that I last saw him alive on Feb 9 - 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
 Due to Chronic Myocarditis
 Duration 10 hrs

Other conditions 93C
 (Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____
 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?
206 _____ (Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature William H. Brewer (M. D. or other) _____
 Address 21 James Mo Date signed 2-11-40

3. (a) PRINT FULL NAME

John J Sellers
 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 Wid
 6. (b) Name of husband or wife Welda A Sellers 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased 2 (Month) 14 (Day) 1867 (Year)

8. AGE: Years 72 Months 11 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name James W Sellers
 13. Birthplace Mo B
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza A Chambers
 15. Birthplace Mo D
 (City, town, or county) (State or foreign country)

16. (a) Informant Heldon Love
 (b) Address Cuba Mo

17. (a) Removal (b) Date thereof 2-12-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Cem

18. (a) Signature of funeral director W. H. Richler
 (b) Address St James Mo

19. (a) _____ (b) 11
 (Date received local registrar) (Registrar's signature)

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

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.

RECEIVED

District Health Officer No. 8

District File Number 440 435

Date Filed 4/1/48

Signed *W. E. Licklider*

Licensed Embalmer No. 1970

P. O. Address St. James 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.