DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14980

MAY 15 1940 334

Registration District No.

Primary Registration District No. 4197

Registrar's No. 30

1. PLACE OF DEATH:

(a) County HARRISON

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

(c) Name of hospital or institution: WOOD HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State Mo. (b) County HARRISON

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

(d) Street No. SHERMAN TWSP. (If rural, give location)

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

3. (a) PRINT FULL NAME Wm B. SELBY 410

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife MARY A.

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

7. Birth date of deceased 2 (Month) 25 (Day) 1863 (Year)

8. AGE: Years 77 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation FARMER

11. Industry or business

FATHER 12. Name GEO. W. SELBY

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

MOTHER 14. Maiden name MARTHA J. BUCK

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

16. (a) Informant's own signature Frank Selby

(b) Address Bethany, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/6/40 (Month) (Day) (Year)

(c) Place: burial or cremation ANTIOCH CEMETERY

18. (a) Signature of funeral director F. N. Hess

(b) Address Bethany, Mo.

19. (a) 4-9-40 (Date received local registrar) (b) A. R. Wessling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1940 hour 2 a.m. minute M.

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

Immediate cause of death Intestinal Flue — Duration

Due to

Due to

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature E. F. Harding (M. D. or other) D.O.

Address Bethany Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 11
District File Number 540-686
Date Filed ~~MAY 9 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 me, Registered Apprentice No. , working under my personal supervision.

Signed G. N. Haas

Licensed Embalmer No. 2861

P. O. Address Bethany, 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.