

Registration District No. 104

Primary Registration District No. 5153

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

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Rural - Fulton Mo.
(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)
(d) Length of stay: In hospital or institution 2
(Specify whether years, months or days)

3. (a) PRINT FULL NAME George Seljan 42
(b) If veteran, name war none
(c) Social Security No. none

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Evelyn
(c) Age of husband or wife if alive years
7. Birth date of deceased March 30 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 1
If less than one day hr. min.

9. Birthplace Orlovac, Yugo Slavija
(City, town, or county) (State or foreign country)

10. Usual occupation Butcher

11. Industry or business

MOTHER FATHER
12. Name Adolph Subljanin
13. Birthplace Orlovac, Yugo Slavija
(City, town, or county) (State or foreign country)
14. Maiden name Don't Know Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Seljan

(b) Address 1521 N. Spry St. Fulton, Mo.

17. (a) Removal (b) Date thereof Aug 31, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace, Missouri

18. (a) Signature of funeral director Leg. Wallace
(b) Address Fulton, Missouri

19. (a) 8-31-46 (b) A. N. Crewe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. About 8 mi. N.W. of Fulton, Mo.
(If rural, give location)
(e) If foreign born, how long in U. S. A? About 22 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31st
year 1940 hour 5 minute 30-P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him dead live on August 31st and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes of old age and intemperance and having been treated last several years for enlargement of heart.
Was found dead in chicken yard on a farm about 8 mi. N.W. of Fulton, Mo.

Other conditions (Include pregnancy within 3 months of death)
Other information unknown.

Major findings:
Of operations _____
Of autopsy 9/2/40

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? 10/5
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. W. Holman, coroner
Address 8-F-8th St. Fulton, Mo. Date signed _____
(M. D. or other)

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Leo B Wallace*

Licensed Embalmer No. *3373*

P. O. Address *Fulton Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.