

No. 2
11-10-30
17-39
X21492

Registration District No. 385

Primary Registration District No. 5536

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Howell

(b) City or town Willow Springs (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)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Howell

(c) City or town Willow Springs, (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.? Fifty nine years.

3. (a) PRINT FULL NAME Alvin Roadalphus Sellens

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 Married

6. (b) Name of husband or wife Dora Heim Sellens 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased May 9 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>8</u>	<u>0</u>	hr. _____ min. _____

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

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Thomas Sellens

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

14. Maiden name Lucinda Clarke

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

16. (a) Informant Mrs. Dora Sellens

(b) Address Willow Springs, Mo.

17. (a) Burial (b) Date thereof Jan. 14, '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Willow Springs ceme-
tery

18. (a) Signature of funeral director O. Burns

(b) Address Willow Springs, Mo.

19. (a) 1-1340 (b) Nautille Ferguson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1941 hour 7:00 minute 45 P.M.

21. I hereby certify that I attended the deceased from March 20 1940 to January 9 1941; that I last saw him alive on January 9 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Lung Duration 7 mos

Due to _____

Due to _____

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

Major findings: _____
Of operations _____
Of autopsy _____

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? _____

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

23. Signature C.F. Calhoun (M. D. or other) A

Address Willow Springs, Mo Date signed 1-15-41

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

46
0

RECEIVED

District Health Officer No. 5,

District File Number 241169

Date Filed

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.....

Thomas Burns, Jr.

Registered Apprentice No. 251

working under my personal supervision.

Signed *J.C. Burns*

Licensed Embalmer No. 3379

P. O. Address Hillaw Springs, 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.

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