. S. No. 2
—11-10-39
ev. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 9 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18239

Registration District No. 464 Primary Registration District No. 4277 Registrar's No. 26

1. PLACE OF DEATH:

(a) County Lafayette

(b) City or town Odessa (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 6 months years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 24

(c) City or town Odessa 4 (If outside city or town limits write "RURAL") 0

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

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME William Sellers

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex M 2

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased April (Month) 7 (Day) 1877 (Year)

8. AGE: Years 64 Months Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Not Known
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Papers found on body

(b) Address

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation Odessa Mo

18. (a) Signature of funeral director L. L. Husman

(b) Address Odessa, Mo.

19. (a) 5/1-41 (Date received local registrar) (b) Mrs E. M. Goodwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1941 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Found dead, 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Rupture of a dissecting anaurism of the anterior surface of the ascending portion of the aorta & inclusive of cuspid valves

Due to

Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 96
Of autopsy Yes

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) no

(b) Date of occurrence ✓

(c) Where did injury occur? none (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? 4 (Specify type of place)

While at work? (e) Means of injury 3

23. Signature W. E. Martin Mo Coroner (M. D. or other)

Address Odessa Mo Date signed 4-30-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number 6-7-41
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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Irving F. Huseman

Licensed Embalmer No. 2541

P. O. Address Odessa 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.