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JUL 22 1941
Registration District No. 834

Primary Registration District No. 48106101

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

1. PLACE OF DEATH:

(a) County: Stoddard

(b) City or town: Essex Mo R 2
(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: _____
years, months or days

3. (a) PRINT FULL NAME: Ernestine Jeannette Sely

3. (b) If veteran, name war: _____

3. (c) Social Security No.: _____

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: W

6. (b) Name of husband or wife: _____

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

7. Birth date of deceased: March 25 1941
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
	<u>2</u>	<u>12</u>	hr. min.

9. Birthplace: Essex, Mo (R 2)
(City, town, or county) (State or foreign country)

10. Usual occupation: _____

11. Industry or business: _____

MOTHER FATHER

12. Name: Quewayne Sely

13. Birthplace: Essex, Mo (R 2)
(City, town, or county) (State or foreign country)

14. Maiden name: Saune Roberts

15. Birthplace: Essex, Mo R 2
(City, town, or county) (State or foreign country)

16. (a) Informant: Quewayne Sely

(b) Address: Essex Mo R 2

17. (a) Burial (b) Date thereof: June 7 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Essex Mo R 2

18. (a) Signature of funeral director: Walter S. Brantley

(b) Address: Dexter

19. (a) 7-1-41 (b) J. P. Brantley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Stoddard

(c) City or town: Essex Mo R 2
(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.: 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6
year 1941 hour 6 minute P M.

21. I hereby certify that I attended the deceased from May 25 1941 to June 6 1941, that I last saw her alive on June 6 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Spina Bifida

Due to: _____

Due to: _____

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

Major findings: _____
Of operations: _____

Of autopsy: _____

Duration: all life

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? _____

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

23. Signature: J. P. Brantley (M. D. or other) _____
Address: Essex Mo Date signed: 6-6-41

RECEIVED

District Health Officer No.

District File Number 741-98

Date Filed 7/12/41

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.....

Licensed Embalmer No.....

P. O. Address.....

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.