

FILED FEB 11 1942

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 42

1. PLACE OF DEATH:

(a) County Pettis  
(b) City or town Sedalia  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
516 So. Park Ave 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community Life time  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pettis  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 516 So. Park Ave 1  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1942 hour \_\_\_\_\_ minute 10 P. M.  
21. I hereby certify that I attended the deceased from Jan 24 to Jan 25 1942  
that I last saw him alive on January 25, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis Duration 30 hrs

Due to myocarditis  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)  
Major findings: 940  
Of operations: \_\_\_\_\_  
Of autopsy: None  
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 Gord Rokling (M. D. or other)  
Address Sedalia Mo Date signed 1-27-42

3. (a) PRINT FULL NAME JOHN H. SELKEN  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color of hair white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Mecca F Selken 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Dec. 12 1878  
(Month) (Day) (Year)

8. AGE: Years 63 Months 1 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Postal Employee

11. Industry or business Retail

12. Name James Selken

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

14. Maiden name Martha Lujan

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

16. (a) Informant Mrs Iris H Selken

(b) Address Sedalia Mo

17. (a) Burial (b) Date thereof Jan 27/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Smithton Mo

18. (a) Signature of funeral director Thyllace Paul Home

(b) Address Sedalia Mo

19. (a) Jan 27/42 (b) Mrs Anna Berger  
(Date received local registrar) (Registrar's signature)

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

80  
6  
4

MAR 14 1942

RECEIVED

District Health Officer No. 8,

License File Number

2-10-42

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.....

*Geo. Dillard*  
Licensed Embalmer No. *3868*  
P. O. Address *Sidulwa*

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, fact should be so stated above.