

S. No. 2
1-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3320
Registrar's No. 24

Registration District No. 734

Primary Registration District No. 4439

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Jacksonville 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.
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Jacksonville
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alva J. Selby
(b) If veteran, name war _____ (c) Social Security No. 336-07-6099

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 16
year 1941 hour 6 minute 21 A.M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Ruth Selby 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept-19-1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____
1940 to Dec 16, 1941
that I last saw him alive on Dec 16
and that death occurred on the date and hour stated above.

8. AGE: Years 42 Months 2 Days 17
If less than one day _____ hr. _____ min.

Immediate cause of death Chronic Myocarditis Duration 6 mo
Due to Hypertension 1 year

9. Birthplace Adair County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Chicken Funder + Merchant

Other conditions (Include pregnancy within 3 months of death) 93d

MOTHER FATHER { 11. Industry or business _____
12. Name Perle Selby
13. Birthplace Adair Co. Mo. U
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Morrow
15. Birthplace Adair Co. Mo. U
(City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Alva Selby
(b) Address Jacksonville, Missouri

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____

17. (a) Oakwood Cem. (b) Date thereof 12-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakwood Cemetery

(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 _____

18. (a) Signature of funeral director Albert Skuniet
(b) Address Director, Missouri
19. (a) 1-29-1942 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

23. Signature C. A. Stupp (M. D. or other) DO
Address Jacksonville, Mo. Date signed Dec 17 1941

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

JUN 22 1948

RECEIVED

District Health Officer No. 10

District File Number 1-42-137

Date Filed June 27 1942

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 Paul J. Ballou

Licensed Embalmer No. 4206

P. O. Address Macon, 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, fact should be so stated above.