

Registration District No. 2-6-6100

Primary Registration District No. 537-8539-2 Registrar's No. 33

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

1. PLACE OF DEATH:
 (a) County Deer
 (b) City or town Rural-Walkers Township
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community R. 60 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Deer 33
 (c) City or town Rural-Walkers Township
(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.? _____ years.

8. (a) PRINT FULL NAME Rochel Elizabeth Sellers

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex F. / 5. Color or race W. / 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 26 - 1964
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Henry Platt

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

14. Maiden name Elizabeth Snyder

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

16. (a) Informant: Charles Sellers

(b) Address: Lake Springs

17. (a) Burial (b) Date thereof: 5-6-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Springs

18. (a) Signature of funeral director: Robert S. Brantner

(b) Address: Salem, Mo.

19. (a) 5-6-42 (b) J. D. McLeod by M.B.G.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 5 day 4
 year 42 hour 7 minute 30 P.M.
 21. I hereby certify that I attended the deceased from 1938
 19 _____ to 5-3-42 19 _____
 that I last saw h. W. alive on 5-3-42 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronal hemorrhage

Due to: Smully - hypertensive

Due to: _____

Other conditions: 82a
(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? _____

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

23. Signature J. D. McLeod (M. D. or other) D.O.

Address Salem Date signed 5-5-42

PHYSICIAN

 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 5,

District File Number 7425-57

Date Filed 8-14-42

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.....

me

....., Registered Apprentice No.

working under my personal supervision.

Signed *Orce E. Lieblich*

Licensed Embalmer No. 3544

P. O. Address *St James me*

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.