

FILED FEB 15 1943 37

State File No. _____
Registrar's No. 18

Registration District No. _____

Primary Registration District No. 3023

42
1
2
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton
(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 (Specify whether _____)

3. (a) PRINT FULL NAME ULYSSES GRANT SELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Mary Susan 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 7 1864
(Month) (Day) (Year)

8. AGE: Years 78 Months 8 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Isaac Sell

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

14. Maiden name Emeline McQueen

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

16. (a) Informant Mr. Elbert Sell

(b) Address Clinton Mo RR#2

17. (a) Burial (b) Date thereof 1-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood

18. (a) Signature of funeral director @ Englewood + Beck

(b) Address Clinton Mo

19. (a) Jan 23 1943 Georgia Kitcher
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton Mo
(If outside city or town limits, write "RURAL")

(d) Street No. South 8th St
(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 21, year 1943 hour 6:30 minute _____ P. M.

21. I hereby certify that I attended the deceased from _____, 1941 to Jan 21, 1943
that I last saw him alive on Jan 21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, hypertension

Due to _____

Due to _____

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

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 Joseph B. Smith (M. D. or other) M.D.
Address Clinton Mo Date signed 1-23-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 7,

District File Number 1-43-125

Date Filed 2-8-43

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

J. E. Consoledu

Licensed Embalmer No. 1891

P. O. Address: Clinton, 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.