

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED APR 8 1943

Registration District No. 91

Primary Registration District No. 5330

Registrar's No. 6

1. PLACE OF DEATH:

(a) County Crawford Co

(b) City or town Osage Twp  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: X /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X (Specify whether)

In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

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

(d) Street No. \_\_\_\_\_ (If rural, give location)

(e) Citizen of foreign country? X (Yes or No)  
If yes, name country X /

3. (a) PRINT FULL NAME Willard Montie Sellers

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 0

5. Color or race W

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife X

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

7. Birth date of deceased: Jan 2 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>2</u>	<u>21</u>	hr. min.

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

10. Usual occupation laborer

11. Industry or business X

12. Name Denney Sellers

13. Birthplace Crawford Co Mo 0  
(City, town, or county) (State or foreign country)

14. Maiden name Effie Callahan

15. Birthplace Crawford Co Mo 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Denney Sellers

(b) Address Viburnum

17. (a) Burialgrove Cem (b) Date thereof Mo 3/25/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove

18. (a) Signature of funeral director Carl E. Spitzer

(b) Address Salem Mo

19. (a) 3-28-43 (b) E. E. Kelly  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 23  
year 1943 hour 9 minute 42 A. M.

21. I hereby certify that I attended the deceased from Jan 1 to Mar 23, 1943,  
that I last saw him alive on July 1, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Pulmonary tuberculosis

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Manner of injury \_\_\_\_\_

23. Signature R. B. Carter (M. D. or other) \_\_\_\_\_  
Address St. Louis Mo Date signed 3-29-43

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

MOTHER { FATHER }

211

RECEIVED

District Health Officer No. 5,

District File Number 443213

Date Filed 4, 7-43

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 Carl H. Spencer

Licensed Embalmer No. 2360

P. O. Address Salem, 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.