DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14721

State File No.

FILED MAY 4 1943

Registration District No. 4 [illegible]

Primary Registration District No. 5655-

Registrar's No. [illegible]

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

1. PLACE OF DEATH:

(a) County Lawrence

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

(c) Name of hospital or institution: Missouri State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 417 days (Specify whether

In this community 417 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County McDonald

(c) City or town Pineville (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 Virginia Sellers

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife J. M. Sellers

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased March (Month) 16 (Day) 1916 (Year)

8. AGE:	Years	Months	Days	If less than one day
	27	1	8	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Lewis V. Rector
13. Birthplace unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Clara Moore
15. Birthplace unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. State San. Mount Vernon

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

(c) Place: burial or cremation Sedan Kansas

18. (a) Signature of funeral director Forest Funeral Home

(b) Address Mt Vernon Mo.

19. (a) 4-25-43 (Date received local registrar) (b) Andy [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24 year 1943 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from March 3, 1942, to April 24, 1943 that I last saw her alive on April 24, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death pulmonary tuberculosis	over 1 yr
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

13 fl

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Esther E Coffman (M. D. ~~or other~~)

Address Mo State Sanatorium Date signed 4-24-43

1338

(Licensed Embalmer's Statement on Reverse Side) Mt Vernon Mo.

RECEIVED
District Health Officer No. 6,
District File Number 543-558
Date Filed MAY 3 1943

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 H W Fossett

Licensed Embalmer No. 2201

P. O. Address Mt Vernon Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

F. No. 2B
—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 14721

Registration District No. 283 — Primary Registration District No. 5655 — Registrar's No. 65

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 417 da (Specify whether years, months or days)

In this community 417 da

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town ..... (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: Virginia Sellers

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: M

6. (b) Name of husband or wife .....

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

7. Birth date of deceased: Mar. (Month) 16 (Day) — 1915 (Year)

8. AGE: Years 27 | Months 1 | Days | If less than one day: hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace (City, town, or county) ..... (State or foreign country) .....

MOTHER
14. Maiden name .....
15. Birthplace (City, town, or county) ..... (State or foreign country) .....

16. (a) Informant .....

(b) Address .....

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Apr 25 43 (Month) (Day) (Year)

(c) Place: burial or cremation Lecompton Kansas

18. (a) Signature of funeral director H D Fossett

(b) Address Mt Vernon Mo

19. (a) Apr 25 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April 24 Day ..... year 1943 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....; that I last saw him alive on ..... 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Due to	
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? (Specify type of place) .....

While at work? ..... (e) Means of Injury .....

23. Signature ..... (M. D. or other) .....

Address ..... Date signed .....

SUPPLEMENTARY

5-14721