

FILED FEB 25 1944

Registration District No. **187**

Primary Registration District No. **4173**

34  
1  
0

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

1. PLACE OF DEATH:  
(a) County Douglas  
(b) City or town Ava *Bentons*  
(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 \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Douglas **34**  
(c) City or town Ava  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country 1

3. (a) PRINT-FULL NAME J. Herbert Sell  
(b) If veteran, name war \_\_\_\_\_  
(c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month January day 17  
year 1944 hour 2 minute 30P M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
(b) Name of husband or wife Florence Sell (c) Age of husband or wife if alive 58 years  
7. Birth date of deceased September 24, 1888  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug 1, 1943, to Jan 17, 1944;  
that I last saw him alive on Jan 10, 1944;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>2</u>	<u>23</u>	_____hr. _____min.

Immediate cause of death Carcinoma of rectum  
Duration years 24 mo

9. Birthplace Iowa County, Iowa  
(City, town, or county) (State or foreign country)  
10. Usual occupation Douglas Co. Abstractor and Titleman

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) H6d

11. Industry or business \_\_\_\_\_  
12. Name Andrew Sell  
13. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)  
14. Maiden name Mattie Rhoten  
15. Birthplace Unknown Ind.  
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of bowel  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Luelle Gaster  
(b) Address Ava, Missouri  
17. (a) Burial (b) Date thereof 1-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Ava Cem.

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? \_\_\_\_\_

18. (a) Signature of funeral director Clinkingbeard Funeral Home  
(b) Address Ava, Missouri  
19. (a) 1-31-1944 (b) Mar. J. R. Spurluck  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury 1  
23. Signature R. M. Norman (M. D. or other) \_\_\_\_\_  
Address Ava Mo Date signed 1/23/44

1056

RECEIVED  
District Health Officer No. 6.  
District File Number 244-263.  
Date filed FEB 21 1944

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 W. B. Hutchinson  
Licensed Embalmer No. 3431  
P. O. Address Over 7th

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.