

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11080

Registration District No. 3022

Primary Registration District No. 3022

Registrar's No. 34

41  
1

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

1. PLACE OF DEATH:

(a) County Harrison  
(b) City or town Bethany  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Bethany Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Weeks (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Garley 38  
(c) City or town Albany Rural (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Emma Alberta Seldon

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

4. Sex F 5. Color or race white 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Wm J. Seldon 6. (c) Age of husband or wife if alive 76 years  
7. Birth date of deceased Novembe 21 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Homemaker

11. Industry or business \_\_\_\_\_

12. Name Thomas Bugen

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

14. Maiden name Hanny Maloney

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

16. (a) Informant Edgar Seldon

(b) Address Albany Mo

17. (a) Burial (Burial, cremation, or removal) 3-16-44 (b) Date thereof Mar 19-44 (Month) (Day) (Year)

(c) Place: burial or cremation Albany Mo

18. (a) Signature of funeral director Edgar Seldon

(b) Address Albany Mo

19. (a) Mar 16-19-44 (Date received local registrar) (b) Zola M. Bethoris (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16 year 1944 hour 2 minute 42 P.M.

21. I hereby certify that I attended the deceased from 2-1 1944 to 3-16 1944

that I last saw her alive on March 16 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal Obstruction Duration 10 days

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

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

Other conditions \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature J.R. Seldon (M. D. or other)

Address Bethany Mo Date signed 3-16-44

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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.....

Clifford Brotha  
.....  
Licensed Embalmer No. 3329  
.....

P. O. Address.....

Albany 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.