S. No. 2
DM—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1944

Registration District No. 137

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14933

Primary Registration District No. 5587

Registrar's No. 96

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Rural - Preston Twp.
(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 26 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Alba, Missouri
(If outside city or town limits, write "RURAL") 0

(d) Street No. General Delivery
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Kenneth L. Selby

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

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

4. Sex Male 0

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased August (Month) 11, (Day) 1917 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	8	2	..... hr. ..... min.

9. Birthplace Webb City, (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation powder worker

11. Industry or business Atlas Powder Co.,

FATHER
12. Name Earl Selby
13. Birthplace Webb City (City, town, or county) Mo 0 (State or foreign country)

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

16. (a) Informant Louise Selby (widow)

(b) Address Alba, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/18/44 (Month) (Day) (Year)

(c) Place: burial or cremation Purcell Cemetery

18. (a) Signature of funeral director Hedge-Nelson Funeral Home

(b) Address Webb City, Missouri

19. (a) April 18 '44 (Date received local registrar) (b) Elizabeth Couplin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 18
year 1944 hour 8th minute A 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 Shot through the head with

Due to .22 Rifle

Due to .....

Other conditions 164C
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

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) Suicide

(b) Date of occurrence Apr. 14. '44

(c) Where did injury occur? Jasper Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? on bank of North fork
(Specify type of place)

(e) Means of injury Rifle

23. Signature R. W. Webster Coroner (M. D. or other)

Address Carthage Mo Date signed Apr. 17 '44

170 3

(Licensed Embalmer's Statement on Reverse Side)

44-4-368

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.....

Licensed Embalmer No.....

P. O. Address.....

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.