

FILED MAY 18 1944

Primary Registration District No. 4-196421-2

Registrar's No. 39

1. PLACE OF DEATH:

(a) County Greene  
(b) City or town Spickard  
(If outside city or town limits, write "RURAL" and name of township)  
(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 16 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Putnam  
(c) City or town Rural (If outside city or town limits, write "RURAL")  
(d) Street No. 0 (If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Alexander Seldford

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ada Seldford 6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased April 30 1873  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10 year 1944 hour 12 minute 02 A.M.

21. I hereby certify that I attended the deceased from Sept 43, 1943 to April 10, 1944 that I last saw him alive on March 28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Valvular heart disease Duration 1 yr  
Due to: 92d  
Due to: \_\_\_\_\_  
Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 11 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Putnam Co Mo (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

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

12. Name John A. Seldford

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

14. Maiden name Lizzie Sherriss

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

16. (a) Informant George Seldford

(b) Address Spickard Mo

17. (a) Burial (b) Date thereof April 12 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lipp Cen Putnam Co Mo.

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

(b) Address Spickard Mo.

19. (a) 4-12-44 (b) John Earl Reub  
(Date received local registrar) (Registrar's signature)

Major findings: ✓  
Of operations \_\_\_\_\_  
Of autopsy ✓

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) (c) Means of injury \_\_\_\_\_

23. Signature H. J. Garrison M.D. (M. D. or other)  
Address Younger Mo Date signed 4-11-44

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

MOTHER FATHER

**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.**