

FILED OCT 11 1944

Registration District No. 337

Primary Registration District No. 42498

31910

State File No. _____

Registrar's No. 108

1. PLACE OF DEATH

(a) County Shelby
(b) City or town Hannewell, Jackson 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 Intire's Life Time
years, months or days

3. (a) PRINT FULL NAME HIRSH, BEATRICE SELSON

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife NO 6. (c) Age of husband or wife if alive NO years

7. Birth date of deceased Aug 23 1877
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 25 If less than one day hr. _____ min. _____

9. Birthplace Shelby Co Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Domestic & Home

11. Industry or business _____

12. Name Hirsh Selson

13. Birthplace Shelby Co Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Catherine

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

16. (a) Informant Mrs. Frances Ella Warner

(b) Address Hannewell Mo.

17. (a) Bureau (b) Date thereof Sept 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 20 St. Mary's

18. (a) Signature of funeral director Gross & Swan

(b) Address Hannewell Mo

19. (a) 9-18-44 (b) Madge Lyook
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Shelby 102
(c) City or town Hannewell Missouri
(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 _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1944 hour 1 minute 57 a. M.

21. I hereby certify that I attended the deceased from Sept 17
1944, to Sept 17, 1944
that I last saw her alive on Sept 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Was dying when I saw her: Died 5 minutes after my arrival. Apparently due to distention of heart
Due to _____
Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)
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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature RT Parks (M. D. or other) _____
Address Hannewell Mo Date signed 9-18-44

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

0200

MOTHER FATHER

1093

RECEIVED

District Health Officer No. 10

District File Number 10-44-1727

Date Filed 007-10-1944

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 ME

..... Registered Apprentice No.
working under my personal supervision.

Signed George J. Swan

Licensed Embalmer No. 1754

P. O. Address Hennepin Ave. 4200

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.