S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13701

State File No.

FILED MAY 11 1945

Registration District No. 796 Primary Registration District No. 2001 Registrar's No. 182

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. John's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin 3
(If outside city or town limits, write "RURAL")

(d) Street No. 131 N. Washington
(If rural, give location)

(e) Citizen of foreign country? no 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME James Edward Selvy

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex male 0

5. Color or race white 1

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

6. (b) Name of husband or wife Edith Selvy

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

7. Birth date of deceased August 9, 1869
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
75	8	10	hr. min.

9. Birthplace Missouri Valley (City, town, or county) Iowa 1 (State or foreign country)

10. Usual occupation none

11. Industry or business

FATHER
12. Name not known
13. Birthplace not known (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name not known
15. Birthplace not known (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Edith Selvy

(b) Address 131 N. Washington, Joplin, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/21/45 (Month) (Day) (Year)

(c) Place: burial or cremation Ozark Memorial Park

18. (a) Signature of funeral director PARKER-HUNSAKER

(b) Address 1502 Joplin, Joplin, Missouri

19. (a) 4-24-45 (Date received local registrar) (b) Gertrude Sudhealter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19
year 1945 hour 6 minute 45 P M.

21. I hereby certify that I attended the deceased from 3/16/45, 19, to 4/19/45, 19;
that I last saw him alive on 4/19/45, 19;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death uremia	48 hrs.
Due to Cerebral thrombosis	3 days
Due to Chronic interstitial nephritis, hypertrophied Prostate	1 mo.
Other conditions acute retention (Include pregnancy within 3 months of death)	4 to 6 weeks.

Major findings: Of operations Cystoscopy — described above

Of autopsy none 131 b

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature E. Ernest Johnson (M.D. or other)

Address 616-617 Fraco Date signed 4/24/45

1204 (Licensed Embalmer's Statement on Reverse Side)

45-4-887

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.