

S. No. 2  
M-8-43  
5-17-39  
P 1 X37823

DEPARTMENT OF COMMERCE  
BUREAU OF CENSUS  
**FILED MAY 14 1945**  
Registration District No. 294

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

14382  
State File No. \_\_\_\_\_  
Registrar's No. 65

Primary Registration District No. 3056

JUN 16 1945  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**1. PLACE OF DEATH:**  
(a) County Randolph  
(b) City or town Moberly  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 833 West End  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Randolph  
(c) City or town Moberly  
(If outside city or town limits, write "RURAL")  
(d) Street No. 833 West End  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Charles C. Sellards  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

**MEDICAL CERTIFICATION**  
20. **DATE OF DEATH:** Month April day 8  
year 1945 hour 4:30 P.M. minute \_\_\_\_\_ M.

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Nannie Sellards  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased May 18 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4-4, 1945 to 4-8, 1945  
that I last saw him alive on 4-8, 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
74 10 20 hr. \_\_\_\_\_ min.

Immediate cause of death Lobar Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

10. Usual occupation retired minister

11. Industry or business \_\_\_\_\_  
12. Name William Sellards  
13. Birthplace Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Don't know  
15. Birthplace Ohio  
(City, town, or county) (State or foreign country)

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 \_\_\_\_\_

16. (a) Informant Mrs. Nannie Sellards  
(b) Address 833 West End; Moberly Mo.  
17. (a) burial (b) Date thereof 4/10/1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

23. Signature W. Williams (M. D. or other) \_\_\_\_\_  
Address Moberly Mo. Date signed 4-11-45

(c) Place: burial or cremation Clifton Hill, Missouri  
18. (a) Signature of funeral director Tom B. Patton  
(b) Address Huntsville Mo  
19. (a) 4-12-45 (b) Irma Rave  
(Date received local registrar) (Registrar's signature)

1036

MAY 22 1945

5761 91 NNR

RECEIVED

District Health Officer No. 10

District File Number 5-45-790

Date Filed MAY-1-0-1945

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 Tom B. Patton

Licensed Embalmer No. 3914

P. O. Address Huntsville, Ala

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.