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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14190

Registration District No. 301 Primary Registration District No. 6-0-3-2 44 Registrar's No. 2121

1. PLACE OF DEATH:

(a) County Ripley

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

(c) Name of hospital or institution: Williams Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community Visiting, 2 days, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County Phillips 999

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

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

(e) Citizen of foreign country? no, 2 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Gordon Lee Sellers

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~~ S, 0

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased July (Month) 29 (Day) 1938, (Year)

8. AGE: Years 7, Months 8, Days 14 If less than one day ✓ hr. ✓ min.

9. Birthplace Randolph Co, (City, town, or county) Ark, (State or foreign country)

10. Usual occupation Schoolboy, ✓

11. Industry or business ✓

PATHER
12. Name Vance Sellers
13. Birthplace ..... (City, town, or county) Arkansas (State or foreign country)

MOTHER
14. Maiden name Gibson
15. Birthplace ..... (City, town, or county) Arkansas (State or foreign country)

16. (a) Informant Henry Sellers,

(b) Address Phillips Co, Arkansas.

17. (a) removal & Burial (Burial, cremation, or removal) (b) Date thereof 4-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pocahontas Arkansas

18. (a) Signature of funeral director F. C. Jordan

(b) Address Doniphan Mo

19. (a) 4-14-46 (Date received local registrar) (b) C. D. Johnston (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 13 year 1946, hour 3, minute 30, P. M.

21. I hereby certify that I attended the deceased from ~~April~~ ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Gunshot wound in chest accident by playmate

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy no

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)~~ accident

(b) Date of occurrence April 13, 1946 41

(c) Where did injury occur Doniphan, Ripley Mo (City or town) (County) (State)

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

While at work? at Play (e) Means of injury 3

23. Signature J. E. Williams Coroner (M. D. ~~or other~~)

Address Doniphan Mo Date signed 4-14-46,

(Licensed Embalmer's Statement on Reverse Side)

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

13090

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. E. Jordan

Licensed Embalmer No. 3200

P. O. Address Doniphan

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.

M.