

No. 2  
M-2-43  
5-17-39  
X35697

FILED MAY 1946

Registration District No.

Primary Registration District No. 6131

State File No.

Registrar's No.

1. PLACE OF DEATH:

(a) County Shannon  
(b) City or town Teresita  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: none /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution none  
(Specify whether years, months or days) 50 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Shannon 101  
(c) City or town Teresita  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME John Calvin Sellars Sr.

3. (b) If veteran, name war none 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Martha Ann Sellars 6. (c) Age of husband or wife if alive 13 years

7. Birth date of deceased NOV 1854  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
91 4 20 hr. min.

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

10. Usual occupation Farming

11. Industry or business

12. Name James Sellars

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

14. Maiden name unknown

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

16. (a) Informant Mrs Porter Nicely

(b) Address Teresita, Mo

17. (a) Burial (b) Date thereof Apr 3 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montier Cemetery

18. (a) Signature of funeral director Joe S. Duncan

(b) Address Mountain View, Mo.

19. (a) (Date received local registrar) (b) Maebel Rollins  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1946 hour 6 minute 20 p.m.

21. I hereby certify that I attended the deceased from March 19, 1946, to April 1, 1946, that I last saw him alive on March 29, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Influenza Duration 12 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

23. Signature R. D. Davis (M. D. or other)

Address Burch Tree Mo. Date signed 5/9-46

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

14503

306

**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

*Jae R Duncan*

Licensed Embalmer No. *4325*

P. O. Address *Inta View, 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.**