S. No. 2
I—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17313

Registration District No. 195 Primary Registration District No. 5714 Registrar's No. 14

1. PLACE OF DEATH:

(a) County McDonald

(b) City or town Pineville
(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 ____ (Specify whether
In this community None
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County McDonald

(c) City or town Pineville
(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 ____

3. (a) PRINT FULL NAME Nathaniel Edward Sellers

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife Cynthia Sellers

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Oct. 29 1867
(Month) (Day) (Year)

8. AGE: Years 68 Months — Days 15 If less than one day ____ hr. ____ min.

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

10. Usual occupation Retired

11. Industry or business Same

FATHER
12. Name Silas Sellers
13. Birthplace Unknown
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Sarah Shears
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Martin
(b) Address Pineville Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-45
(Month) (Day) (Year)

(c) Place: burial or cremation Pineville, Mo.

18. (a) Signature of funeral director R. M. Humphrey
(b) Address Pineville, Mo.

19. (a) 6-3-46 (Date received local registrar) (b) Mrs. B. E. Bradley (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14th year 1945 hour 10 minute P M.

21. I hereby certify that I attended the deceased from 11-1 1946 to 11-14 1945 that I last saw him alive on 11-14 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to ____

Due to ____

Other conditions ____
(Include pregnancy within 3 months of death)

Major findings:
Of operations ____
Of autopsy ____

Duration: 2 hrs

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 S. B. Rush (M. D. or other)

Address Anderson, Mo Date signed 6-2-46

179 (Licensed Embalmer's Statement on Reverse Side)

JUN - 4 1940

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 Maynard E. Humphrey

Licensed Embalmer No. 4216

P. O. Address Presque Isle, Me.

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.