

FILED JUL 29 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. **23073**

Registration District No. **70**

Primary Registration District No. **5301**

Registrar's No. **56**

1. PLACE OF DEATH:

(a) County Clinton

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

(c) Name of hospital or institution: 760 - 5 miles S.W. of Cameron
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 70 days (Specify whether years, months or days) Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton

(c) City or town Rural 5 mi. S.W. of Cameron
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location) 7

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME OTO J. Sells

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 25 year 1946 hour 8:00 minute 17 M.

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

6. (b) Name of husband or wife Minnie Sells 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Sept 23 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 25 1946 to June 25 1946
that I last saw him alive on June 25 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>9</u>	<u>2</u>	hr. _____ min. _____

Immediate cause of death Cancer of Rectum

Due to _____

Due to _____

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

Major findings: Of operations 46 d

Of autopsy _____

9. Birthplace Clinton Co (City, town, or county) MO (State or foreign country)

10. Usual occupation Farmer

PHYSICIAN

Underline the cause to which death should be charged statistically.

29

11. Industry or business

12. Name Adolph Sells 4

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

14. Maiden name Christina Sells

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

16. (a) Informant J. P. Sells
(b) Address Cameron, Mo

17. (a) Burial (b) Date thereof 6-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harlan Cem

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? _____

While at work? _____ (Specify type of place) (c) Means of injury _____

18. (a) Signature of funeral director Blair Funeral Home
(b) Address Cameron

19. (a) June 27 1946 (b) Wm. Willie James
(Date received local registrar) (Registrar's signature)

23. Signature A O Gilliland (M. D. or other) M.D.
Address Cameron, Mo Date signed 6/29/46

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

25
0

2192

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 Blair Nelson

Licensed Embalmer No. 4421

P. O. Address Cameron, 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.