

FILED NOV 25 1946

Registration District No. 178

Primary Registration District No. 4285

Registrar's No. 1020

1. PLACE OF DEATH:

(a) County Lewis
(b) City or town Lewistown
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home in Lewistown, Mo.
(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 Mo (b) County Lewis
(c) City or town Lewistown
(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 John Michael Sells

3. (b) If veteran, name war..... 3. (c) Social Security No. 494-05-7935

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Edith W. Sells 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased Sept 19 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 1 22 hr. min.

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

10. Usual occupation Lumberman

11. Industry or business Manager

12. Name James Michael Sells
13. Birthplace Carlinville Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Cytha Hessinger
15. Birthplace Macoupin County Ill.
(City, town, or county) (State or foreign country)

16. (a) Informant Mable Sells Cary

(b) Address Palmyra, Mo

17. (a) Burial (b) Date thereof Nov. 13 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ewing Masonic Cemetery

18. (a) Signature of funeral director Thomas Ball

(b) Address Ewing, Missouri

19. (a) 11/14/46 (b) Dr. Jennings
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1946 hour 4 minute 30 A. M.
21. I hereby certify that I attended the deceased from Nov. 5
1946 to Nov. 11 1946
that I last saw him alive on Nov. 11 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Due to Suppurative Heart Disease

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations 930
Of autopsy.....

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) (e) Means of injury.....

23. Signature John H. Jennings (M. D. or other)
Address Lewistown, Mo Date signed 11/14/46

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

36438

MOTHER, FATHER

161

DEC 2 1946

DEC 4 1946

RECEIVED
District Health Officer No. 10
District File Number 46-2097
Date Filed - NOV-22-1946

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..... *Thomas Ball*

Licensed Embalmer No. *1744*

P. O. Address *Ewing Missouri*

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.