No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12789

State File No. .....

Registration District No. 65 Primary Registration District No. 4114 Registrar's No. 5

1. PLACE OF DEATH:
(a) County Chariton
(b) City or town Mendon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(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 Missouri (b) County Chariton 21
(c) City or town Mendon 0
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No) 0
If yes, name country ✓

3. (a) PRINT FULL NAME Mary Ann Sellers
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex F.
5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased July (Month) 20 (Day) 1846 (Year)

8. AGE: Years 100 Months 8 Days 9 If less than one day ..... hr. ..... min.

9. Birthplace Kittleton Ill, (City, town, or county) (State or foreign country) 1
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Matt Wilson
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name Unknown
15. Birthplace ..... (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Ollie Watt 1
(b) Address Mendon Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/31/47 (Month) (Day) (Year)
(c) Place: burial or cremation New Bonnet Cemetery
18. (a) Signature of funeral director S. L. Leipard
(b) Address Mendon Mo
19. (a) Mar 3 g - 47 (Date received local registrar) (b) Mildred Brown (Registrar's signature) 5

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 29th year 1947 hour 6 minute A M.
21. I hereby certify that I attended the deceased from March 6th, 1947, to March 29, 1947 that I last saw her alive on March 18th, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Penemonia	
General debility	
Due to old age &c	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED

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 0
23. Signature W. B. Lucas (M. D. ~~or other~~)
Address Mendon Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-17-47

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, [redacted]

, Registered Apprentice No. ,

working under my personal supervision.

Signed S. L. Leipard

Licensed Embalmer No. 3970

P. O. Address Meadow 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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. May 5

Registration District No. 65 Primary Registration District No. 414 Registrar's No. 5

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

1. PLACE OF DEATH:

(a) County: Chariton

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

(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mendon Mo (b) County: Chariton

(c) City or town: Mendon Mo (If outside city or town limits, write "RURAL")

(d) Street No.: X (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Mary Ann Sellers

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex: F

5. Color or race: W

6. (a) Single, widowed, married, divorced: Wid

6. (b) Name of husband or wife

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

7. Birth date of deceased: July 20 1848 (Month) (Day) (Year)

8. AGE: Years 100 Months 8 Days If less than one day hr. min.

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

10. Usual occupation: Nashville Ills.

11. Industry or business: House wife

MOTHER FATHER

12. Name: James M. Willson

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

14. Maiden name: Wilson

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

16. (a) Informant: Wheeler Sellers

(b) Address: Mendon Mo

17. (a) Mendon Mo (Burial, cremation, or removal) (b) Date thereof: Mch 29 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Newcomer Mo

18. (a) Signature of funeral director: Sam Leopard

(b) Address: Mendon Mo

19. (a) Freeze (Date received local registrar) (b) Brunswick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March Day 29 year 1947 hour 5 AM minute M.

21. I hereby certify that I attended the deceased from March 23 1947 to her death 19 14 that last saw h. alive on 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia — Duration 7 days

Due to: 7 days

Due to: March 29

Other conditions: Senile debility (Include pregnancy within 3 months of death)

Major findings: Pneumonia

Of operations: No operations

Of autopsy: No

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): X

(b) Date of occurrence: X

(c) Where did injury occur? (City or town) (County) (State): X

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

While at work? X (e) Means of injury: X

23. Signature: W. B. Lucas (M. D. or other)

Address: Mendon Mo Date signed

SUPPLEMENTARY

162B

12789