

S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14494
Registrar's No. 170

Registration District No. 274

Primary Registration District No. 3052

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Indian, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bethnell Memorial Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 9 hrs.
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME Ned August Selken
3. (b) If veteran, name war. _____ 3. (c) Social Security No. _____
4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4-15-1947
(Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name Paul Selken
13. Birthplace Pettis Ch. Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Berna Fritzman
15. Birthplace Brazier Ch. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Paul Selken
(b) Address Smithton, Mo.

17. (a) Burial (b) Date thereof 4-17-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Smithton, Mo.

18. (a) Signature of funeral director Neumeyer Funeral Home
(b) Address Smithton, Mo.

19. (a) 5-3-47 (b) Betty Yeager
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Pettis
(c) City or town Smithton
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 15 year 1947 hour 8 minute 20 P.M.
21. I hereby certify that I attended the deceased from 4-15 1947 to 4-15 1947
that I last saw him alive on 4-15 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis
Due to Immaturity
Due to _____

Other conditions (Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
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? _____

23. Signature J. M. Rodman (M. D. or other) MD.
Address Indian, Mo. Date signed 4-15-47

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

5-9-47

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, or by.....

.....Registered Apprentice No.....
working under my personal supervision.

Signed

A. F. Neumeyer

Licensed Embalmer No.

3912

P. O. Address

Amsterdam 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.