

FILED MAY 8 2 1947

Registration District No. 277

Primary Registration District No. 3052

Registrar's No. 170

1. PLACE OF DEATH:

(a) County Polk

(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 or location)

(d) Length of stay: In hospital or institution 1 day 16 hrs.  
(Specify whether)

In this community 1 years, months or days

3. (a) PRINT FULL NAME Ed Ernest Selken

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M Color or race W.

5. (a) Single, widowed, married, divorced Infant

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

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

7. Birth date of deceased 4-15-47  
(Month) (Day) (Year)

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

1 16 hr. min.

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

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name Paul Selken

13. Birthplace Polk Co. Mo. (City, town, or county) (State or foreign country)

14. Maiden name Genevieve Hartman

15. Birthplace Morgan Co. Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Paul Selken

(b) Address Smithton, Mo.

17. (a) Funeral (Burial, cremation, or removal) (b) Date thereof 4-17-47  
(Month) (Day) (Year)

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

18. (a) Signature of funeral director Newmeyer Funeral Home While at work? (Specify type of place)

(b) Address Smithton, Mo. (c) Means of injury.....

19. (a) 5-3-47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) (c) Deputy (Licensed Embalmer's Signature on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Polk

(c) City or town Smithton  
(If outside city or town limits, write "RURAL")

(d) Street No. 0  
(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 17  
year 1947 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from 4-15 1947, to 4-17 1947  
that I last saw him alive on 4-17 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).....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations..... WPA

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. Rodeman (M. D. or other) M.D.

Address Polk Co. Mo. Date signed 4-17-47

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

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-2-47

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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 D. F. Heuserman

Licensed Embalmer No. 3712

P. O. Address Smithton, Md.

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.