S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 9 1947

Registration District No. 18

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20046

Primary Registration District No. 3002

Registrar's No. 104

1. PLACE OF DEATH:

(a) County Audrain.

(b) City or town Mexico, Missouri. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Audrain County Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Weeks. (Specify whether In this community 5 Yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Audrain. 4

(c) City or town Mexico, Missouri. (If outside city or town limits, write "RURAL") 1

(d) Street No. 207 W. Love St. (If rural, give location) 2

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Aaaron W. Selleck.

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married.

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

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased November 2, 1910 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
36	7	22	hr. min.

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

10. Usual occupation Laborer.

11. Industry or business Feed Store.

FATHER
12. Name Bert Selleck.
13. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country)

MOTHER
14. Maiden name Mary Leake.
15. Birthplace Ralls County, Missouri. (City, town, or county) (State or foreign country)

16. (a) Informant Edith Selleck

(b) Address Mexico, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June, 26, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mexico, Missouri.

18. (a) Signature of funeral director Clyde Wiley

(b) Address Perry, Missouri.

19. (a) 6/26/47 (Date received local registrar) (b) Blanch Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 24th, year 1947 hour 5:45 minute P. M.

21. I hereby certify that I attended the deceased from Jan 17, 1946, to June 24, 1947, that I last saw him alive on June 24, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure — Duration 24 hrs

Due to Hypertensive Cardio renal disease. — 2 yrs.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

31 A

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. Kallenbach (M. D. ~~or other~~)

Address Mexico, Missouri. Date signed 6/25/47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-47-852
Date Filed JUL - 7 1947

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 John F. Ellis, Registered Apprentice No. 494, working under my personal supervision.

Signed Clyde Wiley

Licensed Embalmer No. 3820

P. O. Address Perry 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.