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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 889

Registration District No. 133 Primary Registration District No. 3022 Registrar's No. 1

1. PLACE OF DEATH:

(a) County Harrison

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

(c) Name of hospital or institution: at home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no (Specify whether
In this community 60 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Harrison 41

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

(d) Street No. none
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Laura Ilene Selby

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Oscar ~~Richard~~ Dicks

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased May (Month) 11, (Day) 1887 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	7	20	hr. min.

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

10. Usual occupation Housewife.

11. Industry or business none

FATHER
12. Name Francis M. Bartlett
13. Birthplace (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Martha Smith
15. Birthplace (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Dick Selby
(b) Address Bethany, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-3-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Antioch; Bethany, Mo.

18. (a) Signature of funeral director M B Haas
(b) Address Bethany, Mo.

19. (a) Jan 10-48 (Date received local registrar) (b) Zola Burris (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1
year 1948 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from August 10, 1947, to December 30, 1947; that I last saw her alive on December 30, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Malnutrition	1 yr
Due to Carcinoma of Sigmoid	6-8 mo.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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

23. Signature Merrian Earlad (M. D. or other) MD
Address [illegible] Date signed [illegible]

(Licensed Embalmer's Statement on Reverse Side)

c

DISTRICT HEALTH OFFICE
Cameron, Mo.

JAN 21 1948

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 M B Haas

M. B. Haas.

Licensed Embalmer No. 3899

P. O. Address Bethany, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.