S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED MAR 19 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11168

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 59

97 / 2

1. PLACE OF DEATH:
(a) County: Saline
(b) City or town: Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 874 South Odell
(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: All her life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Saline
(c) City or town: Marshall
(If outside city or town limits, write "RURAL")
(d) Street No.: 874 South Odell
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Sarah Rebbecca Sellers
3. (b) If veteran, name war .....
3. (c) Social Security No.: None

4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widow
6. (b) Name of husband or wife: William Oliver Sellers
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: February (Month) 27th (Day) 1856 (Year)

8. AGE: Years 92 Months 10 Days 12 If less than one day ..... hr. ..... min.

9. Birthplace: McMenbia (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: None
11. Industry or business .....

MOTHER / FATHER
12. Name: William Blanton Hopper
13. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)
14. Maiden name: Mary Kroger
15. Birthplace: Unknown (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Mrs E.P.Barnhill
(b) Address: 874 S.Odell, Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mch. 11, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Longwood, Mo.
18. (a) Signature of funeral director: Campbell-Lewis
(b) Address: Marshall, Mo.
19. (a) Mar-11-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th year 1948 hour 8 minute 20 A.M.

21. I hereby certify that I attended the deceased from Apr. 2, 1934 to Mch. 9, 1948; that I last saw her alive on Mch. 9, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac suspension	
Due to: Hypertensive vascular disease	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN
Underline the cause of 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: B. Allen M.D. (M. D. or other)
Address: Marshall Mo. Date signed 3-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-18-48

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 R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall, 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.