

FILED JUN 9 1948
Registration District No. 37

Primary Registration District No. 5513

Registrar's No. 119

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

1. PLACE OF DEATH:

(a) County HENRY
(b) City or town CLINTON - LEESVILLE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community ENTIRE LIFE
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Henry 42
(c) City or town Clinton, Mo.
(If outside city or town limits, write "RURAL") 0
(d) Street No. Leesville, Mo.
(If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME OLIVE I. SELL

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W. 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife EDGAR G. SELL 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased Oct. 26 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1948 hour 6:50 minute AM
21. I hereby certify that I attended the deceased from December 18 1947 to June 4 1948
that I last saw her alive on June 4 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Adenocarcinoma of esophagus & gastric cardia with metastases to lymph nodes (supradiaaphragmatic) Duration 5 years

8. AGE: Years 61 Months 7 Days 8 If less than one day hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER

12. Name Jacob Vanhook
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Anna Caston
15. Birthplace Leesville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Edgar G. Sell

(b) Address Clinton Mo RR 2

17. (a) Burial (b) Date thereof 6-10-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Telfo Cemetery

18. (a) Signature of funeral director V. A. Vansant

(b) Address Clinton Mo

19. (a) 6-5-1948 (b) R. R. Kenney
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy 410

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) (Country) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (c) Means of injury _____

23. Signature Edward Barrett, D.O. (Other) _____
Address Wetzel Hospital Date signed 6/9/48

JUN 1 1948

RECEIVED
District Health Officer No. 7,
District File Number 5-48-617
Date Filed 6-2-48

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 H. J. Vausant
Licensed Embalmer No. 3779
P. O. Address Clinton, 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.