No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 1 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17063

Registration District No. 045 — Primary Registration District No. 3047 — Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None (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: None

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

3. (a) PRINT FULL NAME: CYNthia CAROLIN SELLERS
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: W
6. (b) Name of husband or wife: Edward Sellers
6. (c) Age of husband or wife if alive: ✓ years
7. Birth date of deceased: Sept (Month) 12 (Day) 1877 (Year)
8. AGE: Years 70 Months 7 Days 12 If less than one day hr. min.
9. Birthplace: Pineville, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business: None
12. Name (Father): James Kenney
13. Birthplace (Father): Unknown Tenn. (City, town, or county) (State or foreign country)
14. Maiden name (Mother): Unknown
15. Birthplace (Mother): Unknown (City, town, or county) (State or foreign country)
16. (a) Informant: Mildred Martin
(b) Address: Pineville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-27-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Pineville
18. (a) Signature of funeral director: K. M. Humphrey
(b) Address: Pineville, Mo.
19. (a) May 28, 1948 (Date received by local registrar) (b) Melvin C. Bowman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 24th year 1948 hour 11 minute — P.M.
21. I hereby certify that I attended the deceased from 29 ~~April~~ MARCH, 1948, to 24 APRIL, 1948; that I last saw her alive on 24 APRIL 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: BRONCHOPNEUMONIA	TWO MO
CHR. ARTHRITIS	12 YEARS
Due to: SENILITY	
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: R. Dayton (M. D. or other) M.D.
Address: Neosho Mo. Date signed: 28 MAY 48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUN 8

RECEIVED

District Health Officer No. Newton

District File Number 648-309

Date Filed 6-3-48

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: Mayne E. Humphrey

Licensed Embalmer No. 4262

P. O. Address Pineville, 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.