

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

FILED NOV 5 1948

Registration District No. 100

Primary Registration District No. 4186

Registrar's No. 87

1. PLACE OF DEATH: Franklin
 (a) County Franklin
 (b) City or town Sullivan
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 years.
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME E. T. SELLERS

3. (b) If veteran, name war YES. 1 3. (c) Social Security No. 492-27-1088

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Sellers 6. (c) Age of husband or wife 48 years

7. Birth date of deceased May 14 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>5</u>	<u>13</u>	hr. min.

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

10. Usual occupation Filling Station Operator

11. Industry or business Filling Station

12. Name Jerry Sellers

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

14. Maiden name Margie Turnbull

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

16. (a) Informant Esther Sellers

(b) Address Sullivan, Missouri

17. (a) Burial (b) Date thereof Oct. 31, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Boss, Missouri

18. (a) Signature of funeral director W. P. Shelton
(b) Address Sullivan, Missouri

19. (a) 10-29-48 (b) Ch. Ruster
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 36
 (a) State Missouri (b) County Franklin
 (c) City or town Sullivan
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 27 year 1948 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1948 to Oct 27, 1948 and that I last saw him alive on Oct 26, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration few minutes

Due to _____
Due to _____

Other conditions g. e.
(Include pregnancy within 3 months of death)

Major findings: g. e.
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? _____

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

23. Signature W. P. Shelton (M. D. or other) _____
Address Sullivan Date signed 10/29/48

Date NOV 4 1948
District File Number

RECEIVED
District Health Officer No. 9,

DEC 8 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 *Edgar W. Sullivan*

Licensed Embalmer No. *3394*

P. O. Address *Sullivan M*

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

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