

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32053
 Do not use this space.

REC'D OCT 12 1939

1. PLACE OF DEATH *Camden 2*

(a) County *Camden 2* Registration District No. *275-*

(b) Township *Arglaize 1* Primary Registration District No. *5170B*

(c) City *Stoutland* (d) Street No. _____ St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *462 NORA SELLARS*

(a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Jess Sellars</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>August 15 1878</i>		
7. AGE YEARS <i>61</i>	MONTHS <i>1</i>	DAYS <i>5</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>housekeeper</i>		
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year) <i>August 1939</i>		11. Total time (years) spent in this occupation <i>all his life</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Stoutland Mo.</i>		
FATHER	13. NAME <i>A. S. DeBerry 0</i>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky 7</i>	
MOTHER	15. MAIDEN NAME <i>Amanda Craft 1</i>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
17. INFORMANT (ADDRESS) <i>Jess Sellars Stoutland Mo</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Stoutland</i> DATE <i>Sept 21 1939</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>Virgil Evans Stoutland Mo</i>		
20. FILED <i>Sept 29 1939 Mrs. Max Paul Mowrey</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 20th 1939*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 3rd 1939* to *Sept 17 1939*.

I last saw him alive on *Sept 17 1939*. Death is said to have occurred on the date stated above, at *9 a.m.*

The principal cause of death and related causes of importance were as follows:

Chronic tubercular nephritis 3 or 4 years

Date of onset *45*

Other contributory causes of importance: *121*

Name of operation _____ Date of _____

What test confirmed diagnosis? *test of kidney* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____ (Signed) *C. E. Cartledge*, M. D.
 (Address) *Stoutland Mo*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FORM 1 X12004

RECEIVED

District Health Officer No. 7,

District File Number 7-39-1427

Date Filed 10-10-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)