

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

3348
Do not use this space.

1. PLACE OF DEATH

(a) County Pettis Registration District No. 1940
 (b) Township Sedalia Primary Registration District No. 212 Registered No. 208
 (c) City Sedalia (d) Street No. Bothwell Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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 Mrs. Nellie Burkhardt Sellers

(a) Residence, No. 462 St. Windsor, Mo.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harper Sellers
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 22, 1889
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 5

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Henry County 0
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME J. C. Burkhardt 0
 14. BIRTHPLACE (CITY OR TOWN) unknown 0
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Jane Broyler
 16. BIRTHPLACE (CITY OR TOWN) unknown
 (STATE OR COUNTRY) Missouri

17. INFORMANT Harper Sellers
 (ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Windsor, Mo. DATE June 29th, 1939

19. FUNERAL DIRECTOR (NAME) Euston-Turner
 (ADDRESS) Windsor, Missouri

20. FILED 6-29-1939 Mrs. Harry Sneed
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939
 22. I HEREBY CERTIFY, That I attended deceased from 6-16, 1939, to 6-27, 1939
 I last saw him alive on 6-27, 1939. Death is said to have occurred on the date stated above, at 1:30 p m
 The principal cause of death and related causes of importance were as follows:

Shock from Abominal Section
13418
 Date of onset 6-26-39
 Other contributory causes of importance:
Fibroid tumor of uterus
pelvic abscess (ovarian)

Name of operation Hysterectomy Date of 6-26-39
 What test confirmed diagnosis? no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury no, 19...
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) as per Sneed, M. D.
 (Address) Sedalia Mo

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.

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 4/17/40

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.....

Eldred M. Hunter....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3391*

P. O. Address *Windsor, Me.*

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, above space should be left blank.