

Registration District No. 477

Primary Registration District No. 4386

Registrar's No. 23

1. PLACE OF DEATH:

- (a) County Lewis
 (b) City or town Canton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Entire life (Specify whether
 In this community Entire life
 years, months or days)

3. (a) PRINT FULL NAME Charles Henry Sephus 1203. (b) If veteran,
name war3. (c) Social Security
No. None

4. Sex Male 5. Color or race Black
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Lydia Sephus
 6. (c) Age of husband or wife if
 alive years 4 1865
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 10 16 hr. min.9. Birthplace Saline Co. Missouri 0
(City, town, or county) (State or foreign country)10. Usual occupation Retired elevator worker11. Industry or business Farmers elevator Co-op. 9

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
 14. Maiden name Judie Sephus (State or foreign country)
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Miss Bertie Sephus(b) Address Canton, Missouri17. (a) Burial (b) Date thereof May 23, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Canton, Mo.18. (a) Signature of funeral director Earl H. Barkley(b) Address Canton, Missouri19. (a) May 22 - 40 (b) H. W. Harris M.D.
(Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Lewis
 (c) City or town Canton, Mo.
 (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 May day 20, 1940
year _____ hour 7 minute 30 A. M.21. I hereby certify that I attended the deceased from May 6
1940 to May 19, 1940.
that I last saw him alive on May 19, 1940.
and that death occurred on the date and hour stated above.Immediate cause of death Suppression of
Prostatic Glands & a large
permeable abscess, infection
Due to Suppression of Prostatic
Glands.

Duration

May 6-1940Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically

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) (e) Means of injury _____

23. Signature H. W. Harris (M. D. or other) _____
Address Canton, Mo. Date signed 5-22

RECEIVED

District Health Officer No. 10

District File Number 6-49-1145

Date Filed JUN 7 1940

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

Earl A. Daskley

Licensed Embalmer No. 2615

P. O. Address Canton, 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, above space should be left blank.