

Registration District No. **710**

Primary Registration District No. **4274**

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

1. PLACE OF DEATH:

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

3. (a) PRINT FULL NAME Selma Ann Fetter **360**

8. (b) If veteran, name war. 8. (c) Social Security No.

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years

7. Birth date of deceased July 18th 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day 5 hr. min.

9. Birthplace Higginsville, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation 0.

11. Industry or business 5.

12. Name Leonard Fetter
13. Birthplace Higginsville, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Ida Maye Simmerman
15. Birthplace Lexington, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Leonard Fetter

(b) Address Higginsville, Mo.

17. (a) Brand Cemetery (b) Date thereof 7/18/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Higginsville, Mo.

18. (a) Signature of funeral director 413

(b) Address Higginsville, Mo.

19. (a) 7-27-40 (b) T. J. Jack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Higginsville, 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. P. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 18th day July
year 1940 hour 6 A M minute A M.

21. I hereby certify that I attended the deceased from Birth
7/18/40, 19____, to 7/18/40, 19____;

that I last saw her alive on 6 A M, 19 40
and that death occurred on the date and hour stated above.

Immediate cause of death Asphyxiating Duration 4 Hr

Due to Labor using instruments

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 160 B
Of autopsy No

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 John C. Baker, D.O. (M.D. or other)
Address Lone Jack, Missouri. Date signed

RECEIVED
District Health Officer No. 8
District File Number 8-5-40
Date Filed

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 _____
Licensed Embalmer No. _____
P. O. Address _____

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.