DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25869

Registration District No. 625 Primary Registration District No. 3051 Registrar's No. 85

1. PLACE OF DEATH:

(a) County: Nodaway

(b) City or town: Maryville Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether years, months or days)

In this community —

2. USUAL RESIDENCE OF DEATHS:

(a) State: Missouri (b) County: Nodaway

(c) City or town: Maryville
(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.

3. (a) PRINT FULL NAME: James Hubert Sell

3. (b) If veteran, name war: —

3. (c) Social Security No.: —

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: S

6. (b) Name of husband or wife: —

6. (c) Age of husband or wife if alive: — years

7. Birth date of deceased: July (Month) 4 (Day) 1940 (Year)

8. AGE: Years | Months | Days | If less than one day: 6 hr. ____ min.

9. Birthplace: Maryville (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Hubert Taylor Sell
13. Birthplace: Barnard (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Katherine Louise McDonald
15. Birthplace: Rosemond (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature: Ruth Sell
(b) Address: 538 West Third Maryville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill

18. (a) Signature of funeral director: Campbell Funeral Home
(b) Address: 257 South Main Maryville Mo

19. (a) 7-21-40 (Date received local registrar) (b) Maurice E. Clark (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July 4 day ____ year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from July 4, 1940, to July 4, 1940, that I last saw him alive on July 4, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Dermatitis	
Due to	
Due 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 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature: [illegible] (M. D. or other)
Address: Burlington Jct. Mo Date signed 7/12/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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 wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.