

FILED OCT 10 1940

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

32010

Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township _____ Primary Registration District No. 2001 Registered No. 723
 (c) City Springfield (d) Street No. Burgess 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. 1 0 (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

Dora Kathryn Sellars
 (a) Residence, No. Route 1 Strafford, Mo. Strafford, 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 F.M. 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4th. 1940

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 18 hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

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) Springfield, Mo.
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Herbert Sellars
14. BIRTHPLACE (CITY OR TOWN) Highlandville, Mo.
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Stepha Sue Crumpley
16. BIRTHPLACE (CITY OR TOWN) Clever, Mo.
(STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Hobert Sellars
Rt. 1. Strafford, Mo.

18. BURIAL, CREMATION, OR REMOVAL BURIAL
PLACE Highlandville, Mo. DATE 9/5 1940

19. FUNERAL DIRECTOR (NAME) Dunn Funeral Home
(ADDRESS) Springfield, Mo.

20. FILED Sept 5 1940 W. E. Handley, M.D. (Address) Springfield, Mo.
9/5/40 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1940

22. I HEREBY CERTIFY, That I attended deceased from Sept 4 1940 to Sept 5 1940

I last saw h. alive on Sept 5 1940 Death is said to have occurred on the date stated above, at 4:00 a.m.

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

Respiratory paralysis from
Cerebral hemorrhage
due to pressure on head from
breast presentation

Other contributory causes of importance: 1600g

Name of operation Breast extirpation Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
If so, specify _____

(Signed) W. E. Handley M. D.

(Address) Springfield, Mo.

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.

X