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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 20 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19400 ~~17103~~

Registration District No. 26 | Primary Registration District No. 3002 | Registrar's No. 80

1. PLACE OF DEATH:

(a) County: Audrain

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

(c) Name of hospital or institution: None (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: unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Audrain

(c) City or town: Mexico (If outside city or town limits, write "RURAL")

(d) Street No.: 904 W. Curtis (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: Mary Elizabeth Selsor

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: F

5. Color or race: W

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

6. (b) Name of husband or wife:

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

7. Birth date of deceased: Nov. 15, 1883 (Month) (Day) (Year)

8. AGE: Years 57 | Months 6 | Days 4 | If less than one day: hr. min.

9. Birthplace: Eugene, Ind. (City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business:

FATHER
12. Name: ~~Anna Hughes~~ James A. Greer
13. Birthplace: Ind. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: ~~Anna Hughes~~
15. Birthplace: Ind. (City, town, or county) (State or foreign country)

16. (a) Informant: ~~Mrs. L. L. Smith~~
(b) Address: ~~Mexico, Missouri~~

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation: Elmwood

18. (a) Signature of funeral director: Chas Arnold Jr.
(b) Address: Mexico, Missouri

19. (a) May 22-41 (Date received local registrar) (b) Blanche Neely (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 19 year: 1941 hour: 5 minute: 20 P.M.

21. I hereby certify that I attended the deceased from Dec 1, 1940, to May 19, 1941, that I last saw her alive on May 19, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Uterus Carcinoma	1 yr.
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: R. S. Williams (M. D. or other) M.D.
Address: Mexico Mo Date signed: 5-20-41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1196
Date Filed JUN 19 1941

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 [illegible]

Licensed Embalmer No. 3569

P. O. Address [illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.