

No. 2
-1-4-41
5-17-39
I X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18442 -
Registrar's No. 48

Registration District No. 233

Primary Registration District No. 3027

1. PLACE OF DEATH:

(a) County macon
(b) City or town macon
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County macon 61
(c) City or town macon 3
(If outside city or town limits, write "RURAL") 2
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No) D
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1942 hour 9 minute P M.
21. I hereby certify that I attended the deceased from July 1 1941 to May 15 1942
that I last saw HER alive on MAY 15 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Duration 2 hrs
Due to: Coronary thrombosis ?
Due to: _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 94 a
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Lana Beel Selby
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dr Selby 6. (c) Age of husband or wife if alive 89 years
7. Birth date of deceased July 20 1865
(Month) (Day) (Year)

8. AGE: Years 77 Months 2 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation house wife

11. Industry or business _____

12. Name Joe Beasony
13. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

14. Maiden name glank
15. Birthplace Dont know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dr Selby
(b) Address macon mo

17. (a) burial (b) Date thereof May 17 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation woodlawn care

18. (a) Signature of funeral director Robert Slammer
(b) Address macon

19. (a) 5/30/42 (b) Jora B. Hunter
(Date received local registrar) (Registrar's signature)

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 E. H. Singsel (M. D. or other) 50
Address macon Mo Date signed May 25 1942

1037 (Licensed Embalmer's Statement on Reverse Side)

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

1
3
2

RECEIVED

District Health Officer No. 10.

District File Number 6-42-1289

Date Filed 1-5-1919

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 Albert S. Kinner

Licensed Embalmer No. 75-1

P. O. Address Macon 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, fact should be so stated above.