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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1944

Registration District No. 12

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18704

Primary Registration District No. 4338

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Monroe.

(b) City or town Monroe City, Missouri.
(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)

2. USUAL RESIDENCE OF DECEASED: 69

(a) State Missouri (b) County Monroe 1

(c) City or town Monroe City, Missouri. 0
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Samuel Walker Selsor.

3. (b) If veteran, name war

3. (c) Social Security No. None.

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Dora Selsor

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

7. Birth date of deceased February, 26, 1853
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	2	11	hr. min.

9. Birthplace Unknown (City, town, or county) Virginia (State or foreign country) 1

10. Usual occupation Farmer.

11. Industry or business Farm.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) Illinois. (State or foreign country) 1

MOTHER
14. Maiden name Nancy Hooper
15. Birthplace Unknown (City, town, or county) Ireland. (State or foreign country) 4

16. (a) Informant Mrs Edwin Utterback

(b) Address Nonroe City, Missouri.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May, 9, 1944 (Month) (Day) (Year)

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

18. (a) Signature of funeral director Clyde Willey

(b) Address Perry, Mo.

19. (a) May 8-44 (Date received local registrar) (b) Otis Hedberg (Registrar's signature)

1126

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th, year 1944 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from May 5, 1944 to May 7, 1944, 19 ; that I last saw him alive on May 7, 1944, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Senility — Duration 5 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.

162b

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 0

23. Signature John H Ribbe (M. D. or other)

Address Monroe City, Mo Date signed 5/8/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-44-112
Date Filed JUN 9 1944

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 Clyde W. Dilley

Licensed Embalmer No. 3820

P. O. Address Perry 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.