

FILED FEB 14 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 5387

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Dent

(b) City or town Osage Jmp  
(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) 1

(d) Length of stay: In hospital or institution X (Specify whether \_\_\_\_\_)

In this community all his life  
years, months or days

3. (a) PRINT FULL NAME Roman M Sellers

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male 5. Color or race W

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

6. (b) Name of husband or wife Effie Sellers

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased: Mar 22 1872  
(Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Crawford Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business X

12. Name William Sellers

13. Birthplace Tenn  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Jane Headrick

15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant E. W. Hughes

(b) Address Salem Mo

17. (a) burial (b) Date thereof Jan 2/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cedary Grove Cem

18. (a) Signature of funeral director W. J. [unclear]

(b) Address Salem Mo

19. (a) 1-2-45 (b) Joe H. Mc Cardy  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dent 33

(c) City or town Osage 0  
(If outside city or town limits, write "RURAL")

(d) Street No. \_\_\_\_\_ (If rural, give location) 0

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31  
year 1944 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from 10-8-44, 1944, to 12-31, 1944.  
that I last saw him alive on 12-22, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis 2 WEEKS

Due to Atherosclerosis YEARS

Due to Generalized arteriosclerosis YEARS

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations [Signature] Physician

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature Martin [unclear] MD (M. D. or other) MD

Address SALEM, MO Date signed 1-2-45

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

300

RECEIVED

District Health Officer No. 5,

District File Number 245-91

Date Filed 2-12-45-

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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 Carl H. Hansen  
Licensed Embalmer No. 9370  
P. O. Address Valm Me.

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.