

No. 2  
1-9-43  
5-17-39  
X37823

FILED NOV 2 1946

Registration District No. 222

Primary Registration District No. 6087

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Saline

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

(c) Name of hospital or institution 3 miles west of Glasgow  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo. 25 da.  
(Specify whether years, months or days)

In this community \_\_\_\_\_

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 979

(c) City or town "Rural" Glasgow  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi west of Glasgow  
(If rural, give location)

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

3. (a) PRINT FULL NAME Elizabeth Ann Sellmeyer

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 20 year 1946 hour 2 minute 00 P. M.

21. I hereby certify that I attended the deceased from Feb 25, 1946 to 10-20, 1946  
that I last saw her alive on Oct 13, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife \_\_\_\_\_

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

7. Birth date of deceased Feb. 25 1946  
(Month) (Day) (Year)

Immediate cause of death Hydrocephalus - Birth

Due to \_\_\_\_\_

Due to \_\_\_\_\_

8. AGE: Years Months Days If less than one day

7 25 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

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

Major findings: 157A

Of operations \_\_\_\_\_

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

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Henry Joseph Sellmeyer

13. Birthplace West Glasgow Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Clara Marie Schnitzmeyer

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Henry Meyer

(b) Address Gilbert Mo.

17. (a) Burial (b) Date thereof Oct. 23, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation West Glasgow

18. (a) Signature of funeral director Andrey Truimont

(b) Address Glasgow Mo.

19. (a) Oct. 23, 1946 (b) Mrs. Carl C. Metz  
(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 0

23. Signature W. B. Kitchen (M. D. or other) \_\_\_\_\_

Address Glasgow Mo. Date signed \_\_\_\_\_

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

3463

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Filed 11-2-46

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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 Edw. L. Linn

Licensed Embalmer No. 3978

P. O. Address Gargow, 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.