

STANDARD CERTIFICATE OF DEATH

State File No. 23333Registration District No. 155Primary Registration District No. 3427Registrar's No. 120

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Webb City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
916 West Third Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community 39 years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Selma Serviss

3. (b) If veteran name war No 3. (c) Social Security No. No data

4. Sex F! 5. Color or race W. 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Walter C. Serviss 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased March 17 1881
 (Month) (Day) (Year)

8. AGE: Years 67 Months 4 Days 24 If less than one day hr. min.

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

10. Usual occupation Housewife11. Industry or business at home

MOTHER FATHER { 12. Name Peter M. Wekell
 13. Birthplace no data Sweden
 (City, town, or county) (State or foreign country)
 14. Maiden name Louise Pearson
 15. Birthplace no data Sweden
 (City, town, or county) (State or foreign country)

16. (a) Informant (Husband) W. C. Serviss(b) Address 916 W. 3rd St. Webb City, Mo.

17. (a) burial (b) Date thereof 8/7/48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope Cemetery18. (a) Signature of funeral director Hedge-Lewis(b) Address Webb City, Missouri

19. (a) AUG. 7; 1948 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
 (c) City or town Webb City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 916 West Third Street
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 5
 year 1948 hour 3:20 minute P. M.

21. I hereby certify that I attended the deceased from 10-26, 1940, to 8-5, 1948;
 that I last saw her alive on 8-5, 1948;
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 9/3/42

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings: _____ PHYSICIAN
 Of operations _____ Underline the cause to which death could be attributed.

Of autopsy _____ ADDITIONAL SUPPLEMENTAL INFORMATION REQUESTED

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) _____
 Means of injury _____

(a) Signature [Signature] (M. D. or other)
 Address 321 Frisco Bldg Dept. Mo Date signed 8/6/48

25-11-10

OCT 3 1948

SEP 10 1948

MAY 19 1950

OCT 6 1950

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.....

Leonard J. Lewis Jr., Registered Apprentice No. *46*

working under my personal supervision.

Signed... *Richard Gray Lewis*

Licensed Embalmer No. *44805*

P. O. Address... *Webb City, 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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. du 9
Registrar's No. 120

Registration District No. 15-5 Primary Registration District No. 3127

1. PLACE OF DEATH:
(a) County _____
(b) City or town Jasper
(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 _____ (Specify whether _____)
years, months or days

3. (a) PRINT FULL NAME Selma Seruis

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____

7. Birth date of deceased march 11 1888
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ year 1942 (hour _____ minute _____ M. _____)

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinomatosis Duration 9/2/42

Due to metastatic adenocarcinoma of the right breast 9/3/42

Due to Adeno Carcinoma of uterine endometrium 4/17/46

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations 50 _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature _____ (M. D. or other) _____

Address _____ Date signed _____

SUPPLEMENTARY

MOTHER FATHER

100-10801-1-42

S-23333