

No. 300  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 36209  
Registrar's No. 1022-A

Registration District No. 128 Primary Registration District No. 2000

1. PLACE OF DEATH:  
(a) County Greene  
(b) City or town Springfield  
(c) Name of hospital or institution: St Johns  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 hrs  
In this community 12 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Greene  
(c) City or town Springfield,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1222 College  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME John Calvin Sellars  
3. (b) If veteran, name war No  
3. (c) Social Security No. 491-05-3407

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Parthenia Sellars  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased March 26 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
60 7 26 hr. min.

9. Birthplace Birch Tree Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business Construction Co.

MOTHER FATHER { 12. Name John C. Sellars  
13. Birthplace Oklahoma  
(City, town, or county) (State or foreign country)  
14. Maiden name Martha Alley  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Parthenia Sellars  
(b) Address 1222 College

17. (a) Burial (b) Date thereof 11-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Montier Cemetery

18. (a) Signature of funeral director Alma Lohneyer Funeral Home  
(b) Address Springfield, Mo.

19. (a) Nov. 29, 1948 (b) W. E. Handley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 22  
year 1948 hour 4 minute 50 P.M.  
21. I hereby certify that I attended the deceased from Nov 22  
1948 to Nov 22 1948  
that I last saw him alive on Nov 22 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Pulmonary Hemorrhage  
Due to multiple rib fractures  
and Basal Skull fracture

Duration  
2 hrs  
2 hrs  
2 hrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

Other conditions (include pregnancy within 3 months of death)  
Major findings:  
Of operations nil  
Of autopsy nil

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence Nov. 22, 1948  
(c) Where did injury occur? Springfield, Greene, Missouri  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public street, while on construction work  
(Specify type of place)  
While at work? yes (e) Means of injury fall  
23. Signature W. E. Handley (M. D. or other) MD  
Address Springfield, Mo. Date signed 11/29/48

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

FEB 24 1949  
FEB 23 1949

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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 Bernard F Wright

Licensed Embalmer No. 4293

P. O. Address Springfield

**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.**