

FILED JAN 7 1948
Registration District No. 3886

Primary Registration District No. 3059

Registrar's No. 426

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

1. PLACE OF DEATH

(a) County St. Francois

(b) City or town Bonne Terre Hospital B. J. Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 0
(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

3. (a) PRINT FULL NAME Mr. Edward J. H. Selman

3. (b) If veteran, name war: _____

3. (c) Social Security No. 493-00-9204

4. Sex Male race Cauc.

5. Color or white

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

6. (b) Name of husband or wife: Lela Sherie Selman

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: July 25, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	61	4	24	hr. min.

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

10. Usual occupation: Shift Foreman no. 10.

11. Industry or business: St. Joseph Lead Co.

12. Name: Mr. William Selman

13. Birthplace: Bethel Maine
(City, town, or county) (State or foreign country)

14. Maiden name: Clavin Huff Selman

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

16. (a) Informant: Miss Lela Selman (wife)

(b) Address: Thedore St. Gladwin, Mo.

17. (a) Burial (b) Date thereof: Nov. 21, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Park View S. J. Burial Co.

18. (a) Signature of funeral director: Alvin W. Hood

(b) Address: 303 Crane St. Gladwin, Mo.

19. (a) 12-31-47 (b) Esther Rudloff
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Francois, 94

(c) City or town: Gladwin, Mo.
(If outside city, or town limits, write "RURAL.")

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

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

If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 19
year 1947 hour 12:30 minute 30 P.M.

21. I hereby certify that I attended the deceased from Dec 3 1947 to Dec 19 1947
that I last saw him alive on Dec 19 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Peritonitis - acute
Duration: 16 days

Due to: Probably rupture of ulcer of colon.

Due to: _____

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

PHYSICIAN

Major findings: _____
Of operations: _____

Of autopsy: _____

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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: Pailey Appleberry M. D. (other) _____
Address: River Mines, Mo. Date signed: 12-29-47

RECEIVED

District Health Officer No. 4
District File Number 148-15
Date Filed 1-6-88

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 Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address 303 Cram St. Flat 2, m

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.