

DEC'D MAR 16 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH
97 County Saline Registration District No. 801 File No. 7935
Township West Bond Primary Registration District No. 6844 Registered No. 13
City Sweet Springs, Mo. No. P. 7, 10.4 St. _____ Ward _____

2. FULL NAME Joseph David Kellner
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yr. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dora Kellner

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28 1876

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 0 22

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) Feb. 18 1939 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lake Ozark, Mo.

MOTHER
13. NAME Deduct Kellner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Dora Kellner
(ADDRESS) Sweet Springs, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hawaii DATE 2/22 1939

19. UNDERTAKER R. C. Carter
(ADDRESS) Sweet Springs, Mo.

20. FILED Feb. 24 1939 Mr. John B. Hollenback Registrar. 7088

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 20 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 19 1939, to Feb. 20 1939
I last saw him alive on Feb. 20 1939. Death is said to have occurred on the date stated above, at 6 A. M.
The principal cause of death and related causes of importance were as follows:
Coronary Occlusion Date of onset 2-15-39
95%
Other contributory causes of importance:
Arteriosclerotic Heart Disease

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Robert Ellis, M. D.
Sweet Springs, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3/6/39