

Dr. Markhoff
REC'D MAY 18 1939

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

14823
Do not use this space.

1. PLACE OF DEATH

(a) County Franklin Registration District No. 296
 (b) Township St. John Junior Primary Registration District No. 5413
 (c) City..... (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 73 yrs. 3 mos. 16 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Mathias Hellmann

(a) Residence, No. Route 1, Villa Ridge, Mo. St.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Anna Mary Hellmann

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 9, 1866

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
73 3 16

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri

FATHER 13. NAME Albert Mathias Hellmann

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri

MOTHER 15. MAIDEN NAME Sophia Patke

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Franklin County Missouri

17. INFORMANT (ADDRESS) Rev. G. J. Hildner Gildehaus, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Gildehaus, Mo. DATE April 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Otto & Co. Washington, Mo.

20. FILED 4/28/39 Lewis F. Howe M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25 1939

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937 to Apr 25 1939

I last saw him alive on Apr 25 1939 Death is said to have occurred on the date stated above, at 6:30 p.m.

The principal cause of death and related causes of importance were as follows:

Cancer of Duodenum

Date of onset 11-15-37

Other contributory causes of importance:

Hemorrhage

11-25-37

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? no

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) Lewis F. Howe M.D., M. D.

(Address) Washington, 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.

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, Henry W. Otto, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Henry W. Otto

Licensed Embalmer No. 3560

P. O. Address Washington

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, above space should be left blank.