

REC'D AUG 11 1939

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

27180
Do not use this space.

1. PLACE OF DEATH

(a) County Wright Registration District No. 908
 (b) Township Mtn Grove Primary Registration District No. 4549
 (c) City Mtn Grove (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lloyd A. Queller

(a) Residence, No. Bertha Missouri St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 3, 1926

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
12 10 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 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) Darlow 1
Kansas

FATHER 13. NAME Larry Queller 0
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buckhart 1
Missouri

MOTHER 15. MAIDEN NAME Lettie Queller
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Abbyville
Kansas

17. INFORMANT (ADDRESS) Myrtle Queller
Berthart, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bertha DATE April 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) George Stapp
Mtn Grove Mo. 631

20. FILED 7-28 1939 Bernice Montgomery Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 15, 1939

22. I HEREBY CERTIFY, that I attended deceased from 4-14-1939, to 4-15-1939, 1939
 I last saw him alive on 4-15-1939. Death is said to have occurred on the date stated above, at 2:30 AM.
 The principal cause of death and related causes of importance were as follows:
Ruptured Appendix Date of onset _____

Other contributory causes of importance: 121

Name of operation Appendectomy Date of 4-15-39
 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? _____
 If so, specify _____ (Signed) R. A. Ryan, M. D.
Bertha Grove (Address)

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. 6,
District File Number 839-1562
Date Filed AUG 9 1939

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,

George Stapp

or by

Registered Apprentice No., working under my personal supervision:

Signed

George Stapp

Licensed Embalmer No. 3166

P. O. Address

Mrs. Gene 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, above space should be left blank.