

**FEB 15 1948**

Registration District No. 59

Primary Registration District No. 4034

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Benton  
(b) City or town Cole Camp  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Henry R Moellman 455  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs Anna Moellman 6. (c) Age of husband or wife if alive 61 years  
7. Birth date of deceased July 1st 1877  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 5 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cole Camp Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer & Mail Carrier

11. Industry or business 1

MOTHER FATHER  
12. Name Johan Moellman  
13. Birthplace Veneda, Ill  
(City, town, or county) (State or foreign country)  
14. Maiden name Mrs. Garette Harms  
15. Birthplace Crest Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature James W. Moellman  
(b) Address Cole Camp Missouri

17. (a) Burial (b) Date thereof Jan 7th 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St Paul Cemetery

18. (a) Signature of funeral director E. B. Edgell  
(b) Address Cole Camp Missouri

19. (a) 1-8-40 (b) Sue Selover  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Benton  
(c) City or town Cole Camp  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6th  
year 1940 hour 1 minute 45 AM

21. I hereby certify that I attended the deceased from Jan 5 1940 to Jan 6 1940  
and that death occurred on the date and hour stated above.  
Duration \_\_\_\_\_

Immediate cause of death  
Cerebral Fibrosis  
relating to  
arterio-sclerotic  
hypertension  
parenchymatous  
encephalitis  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy 121  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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? \_\_\_\_\_

(Specify type of place)  
While at work? 65 (e) Means of injury \_\_\_\_\_  
23. Signature E. B. Edgell (M. D. number) 2110  
Address Cole Camp Date signed 1/6/40

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. 7,  
District File Number 2-46-302  
Date Filed 2-14-40

**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 E. E. Euckhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp, Md

**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.**