

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.

FILED APR 8 1940

Registration District No. 347

Primary Registration District No. 3018

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Henry
 (b) City or town Clinton
(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)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days 6^{mo} 7 yrs.

8. (a) PRINT FULL NAME ANNA E. KELLAR

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct-14-1854
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>14</u>	hr. _____ min. _____

9. Birthplace Toledo Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name unknown
 13. Birthplace unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Elizabeth Baldwin
 15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mac Herman Henry
 (b) Address Clinton Mo.

17. (a) Burial (b) Date thereof: 2-20-40
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation California Mo

18. (a) Signature of funeral director Ed Wilson
 (b) Address _____

19. (a) 3-9-40 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry
 (c) City or town Clinton
(If outside city or town limits, write "RURAL")
 (d) Street No. 726 E. Franklin St.
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 29
 year 1940 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1940, to _____, 1940;
 that I last saw her alive on Feb. 29, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Solar pneumonia 2/15/40
 Duration _____

Due to _____

Due to _____

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

Major findings: _____
 Of operations _____

Of autopsy _____

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) None

(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? 314
(Specify type of place)
 While at work? _____ Means of injury _____

23. Signature S B Hughes (M. D. or other) _____
 Address Clinton Mo. Date signed 3/1/40

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 Fred Wilkerson

Licensed Embalmer No. 2478

P. O. Address Clunby

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.