

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **11800**
Registrar's No. _____

Registration District No. **971** Primary Registration District No. **4578**

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Syracuse (rural) Mill Creek
(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 _____
In this community Six years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Friederike M. Kellner
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Eric Kellner 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased September 11, 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 6 16 hr. min.

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

10. Usual occupation Housewife
At home

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Henry A. Kellner
(b) Address Syracuse, Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3/27/40
(Month) (Day) (Year)
(c) Place: burial or cremation Syracuse, Mo

18. (a) Signature of funeral director James E. Pritchard
(b) Address 1111 N. 7th St
19. (a) March 30, 1940 (b) Omley Corley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Morgan
(c) City or town Syracuse, (rural) Mill Creek
(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 Mar. day 27th
year 1940 hour 9 minute _____ P. M.
21. I hereby certify that I attended the deceased from Mar 27th, 1940 to Mar 27th, 1940;
that I last saw her alive on Mar 27th, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Aortic insufficiency
Due to Nephritis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____

Duration _____
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? _____
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Potts (M. D. or other) _____
Address Ashton, Mo Date signed 3/28/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

924

RECEIVED
District Health Officer No. 7,
District Health *M-46-5746*
District File Number *M-2-40*
Date Filled *H-2-40*

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 *me*

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

Signed *Jamell E. Richards*
Licensed Embalmer No. *2466*
P. O. Address *Tipton, Mo.*

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11800

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 791

Primary Registration District No. 45-78

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County. Morgan

(b) City or town. Shell Creek
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....

(c) City or town.....
(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.

3. (a) PRINT FULL NAME. Frederick M Kellner

3. (b) If veteran, name war..... 3. (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month. Mar. day. 29
year. 1940 hour..... minute..... M.

4. Sex. 7 5. Color or race. W 6. (a) Single, widowed, married divorced. wid

6. (b) Name of husband or wife..... 6. (c) Age of husband, or wife, if alive..... year.....

7. Birth date of deceased.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from..... 19..... to..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
55 6 16 hr..... min.

Immediate cause of death. Aortic insufficiency
Due to. nephritis chronic

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

Due to.....
Other conditions.....
(Include pregnancy within 3 months of death) 131

10. Usual occupation.....

Major findings:
Of operations.....
Of autopsy.....

11. Industry or business.....

12. Name.....

13. Birthplace.....
(City, town, or county) (State or foreign country)

14. Maiden name.....
(City, town, or county) (State or foreign country)

15. Birthplace.....
(City, town, or county) (State or foreign country)

16. (a) Informant..... (b) Address.....

17. (a)..... (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....

18. (a) Signature of funeral director..... (b) Address.....

19. (a)..... (b).....
(Date received local registrar) (Registrar's signature)

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?
While at work?..... (Specify type of place) (c) Means of injury.....

23. Signature. L. Potts (M. D. or other)

Address. Lepton Mo. Date of filing 5/13/40

SUPPLEMENTAL

Duration
Underline the cause to which death should be charged statistically.

11800 (1940)