

FILED FEB 14 1941

Registration District No. 310

Primary Registration District No. 2001

Registrar's No. 26

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD  
629

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Burge Hosp. 1  
(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)

In this community 16 Years

3. (a) PRINT FULL NAME Mrs. Laura Kellner

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive Dec. years

7. Birth date of deceased Dec. 24 1870  
(Month) (Day) (Year)

8. AGE: Years 70 Months 0 Days 13 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business None

MOTHER FATHER

12. Name Joel McCartney

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. L.M. Labiff

(b) Address Springfield, Mo.

17. (a) Removal (b) Date thereof Jan. 8 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Thayer, Missouri

18. (a) Signature of funeral director H.H. Lohmeyer

(b) Address Springfield, Mo.

19. (a) 1-8-41 (b) W.E. Handley M.D.  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. Lorraine Apts. 6  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 7  
year 1941 hour 5 minute 30 a. M.

21. I hereby certify that I attended the deceased from Jan 3, 1941, to Jan 6, 1941;  
that I last saw her alive on Jan 6, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 4 days

Due to Hypertension

Due to old age

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? Yes

Quit  
While at work? \_\_\_\_\_  
(Specify type of place) (e) Means of injury

Signature Mary Jean Oberlin (M. D. or other) D  
Address 333 E. 2nd St. Springfield Date signed 1-7-41

**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 *L. S. Gorman*.....

Licensed Embalmer No. *3177*.....

P. O. Address *Springfield, 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, fact should be so stated above.**