

Registration District No. 774

Primary Registration District No. 4465

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

1. PLACE OF DEATH:

(a) County St. Francois

(b) City or town Flat River
(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 _____ his community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County St. Francois

(c) City or town Flat River
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Henry Washington Kellerman

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month 10 day July
year 1941 hour 12 minute 50 A. M.

21. I hereby certify that I attended the deceased from July 10, 1941
to July 10, 1941

that I last saw him alive on July 10, 1941
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife Mary Kellerman 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased May 27th 1876
(Month) (Day) (Year)

Immediate cause of death apoplexy Duration 2 hrs.

Due to Hypertension & Kidney disease 1

Due to you had had 2 previous strokes

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

8. AGE: Years 65 Months 1 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name August Kellerman

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

14. Maiden name Matilda Wain

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

Major findings: 13/8

Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Mary Kellerman

(b) Address Flat River MO

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? _____

17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Bismarck MO

18. (a) Signature of funeral director Goodwell

(b) Address Flat River

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

Signature J. W. Zippert (M.D. or other) J.D.O.

Address Flat River MO Date signed 7/30/41

19. (a) 7/30/41 (b) Obert
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.