

FILED NOV 10 1942

Registration District No. 70

Primary Registration District No. 3033

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Laclede  
(b) City or town Lebanon  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Keystone Place 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution neither  
(Specify whether  
In this community 65 year  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53  
(c) City or town Lebanon 19  
(If outside city or town limits, write "RURAL")  
(d) Street No. Keystone Place  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Edward Bruce Kellerman

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

4. Sex MO 5. Color or race W  
6. (b) Name of husband or wife Emma Leak 6. (a) Single, widowed, married, divorced Widower  
7. Birth date of deceased January 12 1852  
(Month) (Day) (Year)

8. AGE: Years 90 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer & Lawyer

11. Industry or business .....

12. Name Daniel Friedrich Kellerman

13. Birthplace Penn. 1  
(City, town, or county) (State or foreign country)

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

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

16. (a) Informant J. W. Owen

(b) Address Lebanon, Missouri

17. (a) Burial (b) Date thereof 10-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon Cemetery

18. (a) Signature of funeral director Palmer  
(b) Address Lebanon Missouri

19. (a) Oct 27-42 (b) Ernest Roper  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23  
year 1942 hour 11 minute 30 P.M.  
21. I hereby certify that I attended the deceased from Wk 1  
1942 to 10/23 1942  
that I last saw h. alive on 10/23 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Ch. Colitis  
not Malignant  
Duration

Due to .....  
Due to ..... 2

Other conditions (Include pregnancy within 3 months of death) 120 a

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) .....  
(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. A. M. Coulter (M. D. or other) 10/26  
Address Lebanon Mo. Date signed 42

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

3  
1  
2

RECEIVED

*Laclede County Health Dept*

District File Number *11-42-163*

Date Filed *11-5-82*

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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 *Allyn Dethrage*

Licensed Embalmer No. *4333*

P. O. Address *Luluw 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.**