

S. No. 2
OM-9-4-41
ev. 5-17-39
I X29404

FILED OCT 6 1944

3008

299

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Callaway

(b) City or town Fulton

(c) Name of hospital or institution: State Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo - 1 da (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Marion

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

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

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August Kehr

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1944 hour 1:45 minute a. M.

21. I hereby certify that I attended the deceased from 6-5-44 to 9-6-44 1944
that I last saw him alive on 9-5-44 and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 23 1882
(Month) (Day) (Year)

Immediate cause of death _____ Duration _____
Cerebral Anemia
Lobular Pneumonia 27 days

Due to _____

Due to _____

8. AGE: Years 62 Months 6 Days 4 If less than one day _____ hr. _____ min.

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

10. Usual occupation Farmer

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.

11. Industry or business _____

MOTHER FATHER { 12. Name Arch Kehr

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

14. Maiden name Anna Wittrock

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

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? _____

16. (a) Informant W. A. Bunge

(b) Address Bland, Mo.

17. (a) Removed (b) Date thereof Sept 11, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ficksville, Mo

18. (a) Signature of funeral director Glen Y. Maupin

(b) Address 712 Court St, Fulton, Mo.

19. (a) Sept 11, 1944 (b) James M. ...
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury? _____

23. Signature J. B. Stakes (M. D. or other)

Address Fulton, Mo Date signed 9-6-44

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

114
1
2

MOTHER FATHER

101

1141

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed 10-5-44

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.....

Not embalmed
working under my personal supervision.

....., Registered Apprentice No.....

Signed *Glen J. Maupe*.....

Licensed Embalmer No. 2725.....

P. O. Address Fulton, 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.