

FILED JUN 5 1945

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 56

1. PLACE OF DEATH:

(a) County Franklin

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

(c) Name of hospital or institution: 406 Cedar St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether)

In this community 75 yrs.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin

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

(d) Street No. 406 Cedar St.
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Celia Wellenkamp.

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st.
year 1945 hour 9:00 minute A. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Edward Wellenkamp.

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

7. Birth date of deceased August 1st, 1869.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 27, 1945, to May 21, 1945;

that I last saw her alive on May 21, 1945;

and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

75 9 20 hr. min.

Immediate cause of death Cerebral Hemorrhage Duration 8 days.

Due to arteriosclerosis

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

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation House-work.

11. Industry or business X

12. Name Henry J. Buhr.

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

14. Maiden name Catherine Plake.

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Vincent F. Buhr.

(b) Address 406 Cedar St. Washington, Mo.

17. (a) Burial (b) Date thereof May 24, 1945.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington, 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? _____

18. (a) Signature of funeral director Nieburg & Pitt, Inc.

(b) Address Washington, Mo.

19. (a) 5/23/45 (b) Lucille R. Brooks
(Date received local registrar) (Registrar's signature)

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

23. Signature E. C. Femmer (M. D. or D. O.)
Address Washington, Mo. Date signed 5/23/45

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

6
6
2

1181

Dr. E. C. Femmer

RECEIVED

District Health Officer No. 9,

District File Number

Date Filed

6-4-45

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

Licensed Embalmer No.

P. O. Address

2387

Washington, 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.