

FILED JAN 14 1946
Registration District No. 133

Primary Registration District No. 3022

State File No. _____
Registrar's No. 107

1. PLACE OF DEATH:

(a) County Harrison
(b) City or town Bethany Jefferson Twp
(c) Name of hospital or institution: Bethany Hospital
(d) Length of stay: In hospital or institution: 1 day
In this community: all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Harrison
(c) City or town Rural
(d) Street No. _____
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME

Oliver Isaiah Luellen

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 10 year 1945 hour 0745U minute 45 P.M.

21. I hereby certify that I attended the deceased from 12-8-45 to 12-10-45 that I last saw him alive on Dec 10 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage

Duration: 3 days

Due to Hypertension

?

Due to _____

Other conditions: _____

PHYSICIAN: _____ Underline the cause to which death should be charged statistically.

Major findings: Of operations: none Of autopsy: none

8. AGE: Years 80 Months 11 Days 19 If less than one day hr. _____ min. _____

9. Birthplace: Harrison Co Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: _____

12. Name: Henry Luellen

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

14. Maiden name: Elizabeth Hammack

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

16. (a) Informant: Ernest Luellen (b) Address: Bethany Mo

17. (a) Burial (b) Date thereof: Dec 12 1945 (c) Place: burial or cremation: Morris Chapel Antioch

18. (a) Signature of funeral director: Joe S. Wheeler (b) Address: Bethany Mo

19. (a) Dec 11 1945 (b) Zola Burris (c) Registrar's signature

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: Watkins & Proyles (M. D. or other) MD Address: Bethany Missouri Date signed: 12/11/45

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

RECEIVED

District Health Officer No. 11

District File Number _____

Date Filed _____

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

Joe E. Wheeler

Licensed Embalmer No. 3572

P. O. Address

Anthony M

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.