

FILED FEB 4 1946  
Registration District No. 59

Primary Registration District No. 5935A

State File No.

Registrar's No. #3

1. PLACE OF DEATH:

(a) County Callaway  
(b) City or town Subletts (Int. Sanatoga)  
(c) Name of hospital or institution:  
3 miles north west of town  
(If not in hospital or institution, write street number of location)  
(d) Length of stay: In hospital or institution 1  
In this community 10 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Callaway  
(c) City or town Subletts (If outside city or town limits, write "RURAL")  
(d) Street No. 3 miles north west of town (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country:

3. (a) PRINT FULL NAME

Fritz J. Koelling

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color White

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

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 43 years

7. Birth date of deceased: March 13 1868  
(Month) (Day) (Year)

8. AGE: Years 77 Months 9 Days 20 If less than one day hr. min.

9. Birthplace Warren County Mo. (City, town or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business Farming

12. Name Fritz Koelling

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

14. Maiden name Unknown

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

16. (a) Informant Fritz Koelling

(b) Address Subletts, Mo

17. (a) Burial (b) Date thereof 5-5-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection

18. (a) Signature of funeral director James Lewis

(b) Address 200 S. 1st St.

19. (a) [Signature] (b) [Signature]  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 3 year 46 hour 6 minute 0 A. M.

21. I hereby certify that I attended the deceased from 43 to 1/3/46  
that I last saw him alive on July 45 1945  
and that death occurred on the day and hour stated above.

Immediate cause of death Rheumatic heart disease Duration 5 yr.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 158

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) Means of injury

23. Signature [Signature] (M. D. or other)

Address Subletts, Mo Date signed 1/4/46

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

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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 *J. M. Anderson*  
Licensed Embalmer No. *3641*  
P. O. Address *James*

**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.**