

FILED JUL 12 1946

STANDARD CERTIFICATE OF DEATH

20877

State File No.

Registration District No. 171

Primary Registration District No. 4266

Registrar's No. 1

1. PLACE OF DEATH

(a) County W Lafayette
(b) City or town Wellington Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Wellington Rural
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ROBERT-LEE-KLEMMER

3. (b) If veteran, name war no 3. (c) Social Security No. 495-05-9848

4. Sex Male 5. Color or race Wht 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife FANNIE 6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased June 1 - 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1946 hour _____ minute 4:30 P.M.

21. I hereby certify that I attended the deceased from May 5th 1946 to June 25th 1946
that I last saw him alive on June 26th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of bowels Duration _____

8. AGE: Years 58 Months _____ Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation Coal miner

11. Industry or business Mining coal

12. Name unknown 9
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Mollie Easterly
15. Birthplace German 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Klemmer

(b) Address Wellington Mo

17. (a) Burial (b) Date thereof 6-30-46
(Burial, cremation, or removal) (City or town) (Month) (Day) (Year)

(c) Place: burial or cremation Wellington Mo

18. (a) Signature of funeral director Raymond J. Inwood

(b) Address Wellington Mo

19. (a) July 7 46 (b) Letta Drummond
(Date recorded local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 462

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 R. B. Watts (M. D. or other) MD
Address Wellington Mo Date signed 6-28-46

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

MOTHER FATHER

153

RECEIVED

District Health Officer No. 6,

District File Number.....

Date Filed 7-14-46

JUL 23 1946

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 M. Roy Ewan

Licensed Embalmer No. 4305

P. O. Address Wellington 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.