S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 29526

Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 217

**1. PLACE OF DEATH:**

(a) County Boone
(b) City or town Columbia, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Ellis Fischel State Cancer Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Twenty-Days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Lawrence
(c) City or town La Russell, Missouri
(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 Kellhofer, Otis Nathan

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Kellhofer, Jessie
6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased April (Month) 9 (Day) 1909 (Year)

8. AGE: Years 37 Months 4 Days 26 If less than one day hr. min.

9. Birthplace Newton Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Farmer
11. Industry or business

FATHER
12. Name Kellhofer, C.G.
13. Birthplace Newton Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Beck, Maude
15. Birthplace Newton Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Otis Kellhofer
(b) Address La Russell, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/8/46 (Month) (Day) (Year)
(c) Place: burial or cremation Pierce City Mo
18. (a) Signature of funeral director R. Willett
(b) Address Columbia Mo
19. (a) 9-6-46 (Date received local registrar) (b) Mrs. R. E. Palmer (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month September day 5 year 1946 hour 10 minute 15 A.M.

21. I hereby certify that I attended the deceased from August 16, 1946 to September 5, 1946; that I last saw him alive on , 19 ; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Lymphosarcoma | 14 mt |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations | |
| Of autopsy See above | |

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

23. Signature Nackerman (M. D. or other) M. D.
Address Cancer Hosp Columbia Mo Date signed 9/5/46

(Licensed Embalmer's Statement on Reverse Side)

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RECEIVED
District Health Officer No. 9
District File Number 9-46-85
Date Filed 9-9-46

## 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~~ Lyman H. Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.**