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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 10 1948
Registration District No. 2831

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13491
Registrar's No. 112

Primary Registration District No. 3048

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

1. PLACE OF DEATH:
(a) County Madawaski
(b) City or town Marionville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Frances
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks
(Specify whether
In this community all his life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Madawaski
(c) City or town Claydon
(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 A. ELLERMAN
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 26 year 1948 hour 9 minute 39 M.
21. I hereby certify that I attended the deceased from Mar 15 1948 to 4/26 1948

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Pauline Ellerman 6. (c) Age 65 years
7. Birth date of deceased Feb 9 1880
(Month) (Day) (Year)

that I last saw him alive on 4/26 1948 and that death occurred on the date and hour stated above.
Immediate cause of death: Coronary sclerosis, arrhythmia fibrillation
Due to Pruritus hypostrophyl
Due to _____
Other conditions (Include pregnancy within 3 months of death) 95A

8. AGE: Years 68 Months 2 Days 4 If less than one day hr. _____ min. _____
9. Birthplace Claydon MO (City, town, or county) (State or foreign country)
10. Usual occupation Farmer

Major findings: Pruritus hypostrophyl, Mar-1948
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Julius Ellerman
13. Birthplace Wark (City, town, or county) (State or foreign country)
14. Maiden name Margaret Messenger
15. Birthplace Wark (City, town, or county) (State or foreign country)
16. (a) Informant Pauline Ellerman
(b) Address Claydon MO
17. (a) Burial (b) Date thereof 4-29-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place of burial or cremation St. Catherine
18. (a) Signature of funeral director Waddy P. Phillips
(b) Address Claydon MO
19. (a) 48 (b) Beas Holt
(Date received local registrar) (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 B. F. Bernard (M. D. or other) MD
Address Marionville MO Date signed 4/28/48

DISTRICT HEALTH OFFICE
Cameron, Mo.

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..... *Lester F. Phillips*

Licensed Embalmer No. *1898*

P. O. Address. *Stanhurst, 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.