

FILED OCT 2 1948  
 Registration District No. 282

Primary Registration District No. 4531

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

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1. PLACE OF DEATH:  
 (a) County Warren  
 (b) City or town Warrenton  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community life (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County Warren <sup>109</sup>  
 (c) City or town Warrenton <sup>1</sup>  
(If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_  
(If rural, give location) <sup>2</sup>  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3: (a) PRINT FULL NAME Walter Lee Hellberg  
 3: (b) If veteran, name war \_\_\_\_\_  
 3: (c) Social Security No. none

4. Sex male <sup>D</sup> 5. Color or race white <sup>D</sup> 6. (a) Single, widowed, married, divorced single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased May 16, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

9. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Retired Farmer

11. Industry or business \_\_\_\_\_  
 12. Name Henry Hellberg  
 13. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mathilda Haselroth  
 15. Birthplace Warren County Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Ella Hellberg  
 (b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 9-1-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt. Pleasant, High Hill

18. (a) Signature of funeral director F.W. Nieburg & Co. MO.  
 (b) Address Warrenton, Mo.

19. (a) Sept 1, 1948 (b) Mrs. Donelle Watson  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 28  
 year 1948 hour 3:30 minute \_\_\_\_\_ P. M.  
 21. I hereby certify that I attended the deceased from June 29  
1948, 19\_\_\_\_ to August 28, 1948  
 that I last saw him alive on Aug 8, 1948  
 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Chronic congestive heart failure  
 Due to \_\_\_\_\_  
Chronic congestive heart failure  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) (e) Means of injury

23. Signature Harold Haselroth (M. D. or other) \_\_\_\_\_  
 Address Warrenton, Mo. Date signed Aug 30, 1948

OCT 1 1948

District Health Officer No. 9,

RECEIVED

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

*John F. Heiberg*

Licensed Embalmer No.

*3897*

P. O. Address

*Warrenton, 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.