

Registration District No. 137

Primary Registration District No. 3023

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

1. PLACE OF DEATH:

(a) County Henry

(b) City or town Clinton Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
606 E Jeff St
(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 life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. 606 E Jeff St
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MAX. E FELLHAUER

MEDICAL CERTIFICATION

3. (b) If name, name war _____

3. (c) Social Security No. _____

20. DATE OF DEATH: Month 12 day 14 year 44 hour 10 minute P. M.

4. Sex M 5. Color or race white

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

21. I hereby certify that I attended the deceased from 12-1 1944 to 12-14 1944;

6. (b) Name of husband or wife Jena Fellhauer 6. (c) Age of husband or wife if alive 52 years

that I last saw him alive on 12-10 1944 and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 7 1894
(Month) (Day) (Year)

Immediate cause of death: Coronary occlusion Duration 1 hr

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>4</u>	<u>7</u>	hr. _____ min. _____

Due to _____

9. Birthplace: Henry Co Mo
(City, town, or county) (State or foreign country)

Due to 94a

10. Usual occupation: Assistant - Postmaster

Other conditions: _____
(Include pregnancy within 3 months of death)

11. Industry or business: of Clinton
JAN FELLHAUER

PHYSICIAN

13. Birthplace: Ill
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____

Maiden name: LEOTT ELLIDGE

Of autopsy _____

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

22. If death was due to external causes, fill in the following:

(a) Informant: Leo Fellhauer

(a) Accident, suicide, or homicide (specify) _____

(b) Address: Clinton Mo

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof: 12-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? _____
(City or town) (County) (State)

(c) Place: burial or cremation: ENGLEWOOD CEM.

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

18. (a) Signature of funeral director: C. Conner
(b) Address: Clinton Mo

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

19. (a) Dec 17 1944 (b) Georgia Kitchener
(Date received local registrar) (Registrar's signature)

23. Signature: J. D. Walker (M. D. or other) M.D.

Address: Clinton Mo Date signed: 12-16-44

FEB 7 1945

JAN 17 1945

RECEIVED

District Health Officer No. 7,

District File Number 12-44-1481

Date Filed 1-16-45

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. E. Conroy

Licensed Embalmer No. 1891

P.O. Address Clinton 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.

MAY

2-1-45

STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo
County of Henry } ss.

State File No. 41277
Local Registrar's No. 225

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25 day of January, 1945, before me appears _____

_____, who, upon _____ oath, states that the original record of ^{birth}~~death~~
for May C. Fellhauer ^{died}~~born~~ Dec 14, 1944, in the State of
Missouri, and which was filed at Jefferson City, Mo. on Jan 12, 1945, should be corrected as follows:

Item No. 7 should read May 7 1884

Instead of _____ May 7 1893

Item No. 8 should read 60 yrs 7 mo. 7 days

Instead of _____ 61 11. 7 11 7 11

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant: Celestina Fellhauer ^{widow}
Relationship.

606 E Jeff Clinton Mo.
Present Address.

Subscribed and sworn to before me this 25 day of January, 1945.

My Commission expires 2-10-47
Marie H. Gray Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

MAY 25 1945

FEB 1 1945

MAY 2 1945