S. No. 2
M—2-43
5-17-39
I X35397

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41568

FILED JAN 12 1944

Registration District No. 1000

Primary Registration District No. 1000

Registrar's No. 1494

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Joseph's Hospital 0 (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 9 years years, months or days)

2. USUAL RESIDENCE OF DECEASED: 11

(a) State Missouri (b) County Buchanan

(c) City or town (Rural) St. Joseph 0 (If outside city or town limits, write "RURAL") 0

(d) Street No. Route # 5 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME Henry Rankin Cellar

3. (b) If veteran, name war

3. (c) Social Security No. 491-10-0123

4. Sex Male

5. Color or race White 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mildred Cellar

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased Aug. 12, 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	4	11	hr. min.

9. Birthplace Waverley Kansas (City, town, or county) 1 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business Schrieber Milling Co.

FATHER
12. Name Joseph Addison Cellar
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Ann Rankin
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Mrs. Mildred Cellar

(b) Address Route # 5, St. Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Fred D Clark

(b) Address 5025 King Hill Ave. St. Joseph, Mo.

19. (a) 12-27-43 (Date received local registrar) (b) Rose Herzog (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1943 hour 11 minute 50 p M.

21. I hereby certify that I attended the deceased from Dec. 3, 1943 to Dec. 23, 1943; that I last saw him alive on Dec. 23, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: multiple abscesses of rt. lung	3 wks.
Due to: Bilateral bronchopneumonia & influenza	4 wks.
Due to	
Other conditions X (Include pregnancy within 3 months of death)	
Major findings: Of operations X	
Of autopsy X	

33a

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 0

23. Signature Cabray Wortley, M.D. (M. D. ~~or other~~) M.D.

Address St. Joseph, Mo. Date signed 12/27/43

1233

(Licensed Embalmer's Statement on Reverse Side)

Carby Bldg.

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 12/23/43

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Emil A Clark,

Licensed Embalmer No. 4238

P. O. Address St. Joseph, 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.