

FILED MAY 29 1944

State File No. _____

Registration District No. 253

Primary Registration District No. 5447

Registrar's No. 70

1. PLACE OF DEATH:

(a) County Lawrence Co.
(b) City or town Freistatt, Freistatt
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution no
In this community 60 yr.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Freistatt
(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

Paul B. Stellwager
3. (b) If veteran, no name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1944 hour 5 A. minute _____ M.

21. I hereby certify that I attended the deceased from March 16, 1944 to May 6, 1944
that I last saw him alive on April 25, 1944
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased July 9, 1888
(Month) (Day) (Year)

Immediate cause of death Chr. Myocarditis

8. AGE: Years 75 Months 9 Days 27
If less than one day hr. _____ min. _____

Other conditions Chr. Nephritis
(Include pregnancy within 3 months of death)

9. Birthplace Severson Minn.
(City, town, or county) (State or foreign country)

Due to _____
Due to _____

10. Usual occupation Retired

Major findings:
Of operations _____
Of autopsy _____

11. Industry or business Business man

12. Name Jacob Stellwager

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

14. Maiden name Maria Schöber

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

16. (a) Informant Ed Stellwager

(b) Address Billing, Mo.

17. (a) Burial (b) Date thereof 5-8-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Freistatt Mo.

18. (a) Signature of funeral director Fossette Home
(b) Address mt. Vernon Mo.

19. (a) 5/10/44 (b) Audrey Campbell
(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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature E. B. Wright (M. D. or other) _____
Address Priest City, Mo. Date signed 5-6-44

Duration

2 Yrs.

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED
District Health Officer No. 6,
District File Number 544-657
Date Filed MAY 24 1944

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 H. D. Fessett
Licensed Embalmer No. 2201
P. O. Address MT Vernon

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.