

No. 2
-8-43
5-17-39
X37823

FILED APR 10 1946

Registration District No. **62**

Primary Registration District No. **5238**

Registrar's No. **8**

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

1. PLACE OF DEATH:
 (a) County Cedar
 (b) City or town Jefferson Township
(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 1
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Cedar **20**
 (c) City or town Rural **2**
(If outside city or town limits, write "RURAL")
 (d) Street No. Jefferson Township
(If rural, give location)
 (e) Citizen of foreign country? No **2** (Yes or No)
 If yes, name country ✓ ✓

3. (a) PRINT FULL NAME Classa Mag. Draclants
 3. (b) If veteran, name war ✓
 3. (c) Social Security No. ✓

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month 3 day 10
 year 46 hour 11:30 minute A M.

4. Sex M 5. Color or race W
 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife Victor
 6. (c) Age of husband or wife if alive 54 years
 7. Birth date of deceased August 21, 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-1-45 to 3-10-46
 that I last saw her alive on 3-10-46
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>20</u>	<u>✓</u> hr. <u>✓</u> min.

Immediate cause of death Coronary A.D.
 Due to Pernicious Anemia yrs
Arteriosclerosis

9. Birthplace Lela Missouri
(City, town, or county) (State or foreign country)

Due to Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

Major findings:
 Of operations 940
 Of autopsy 940

MOTHER FATHER
 11. Industry or business ✓
 12. Name Herman Ellerman
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Bates
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (c) 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?

16. (a) Informant L.F. Draclants
 (b) Address Stockton, Missouri

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

17. (a) Burial (b) Date thereof 3-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Stockton Cemetery

23. Signature Wm. B. Kutter (M.D. or other) **3/13/46**
 Address Stockton, Mo. Date signed _____

18. (a) Signature of funeral director Church & Deal
 (b) Address Stockton, Missouri
 19. (a) 4-1-46 (b) Geneva Harrison
(Date received local registrar) (Registrar's signature)

APR 6 1 709

RECEIVED

Dist. Health Officer No. 7,

Dist. No. 3-46-270

Date Filed 4-10-46

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 Melvin Church

Licensed Embalmer No. 3272

P. O. Address Stockton 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.