

FILED JAN 20 1947

Registration District No. 57

Primary Registration District No. 4097

Registrar's No. 12

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

1. PLACE OF DEATH:

(a) County CASS

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

(c) Name of hospital or institution: MEMORIAL HOSPITAL D
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9
(Specify whether years, months or days)

In this community 10 DAYS

3. (a) PRINT FULL NAME ELLA MARIE Gelhaus

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F | 5. Color or race W

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

6. (b) Name of husband or wife Dead

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

7. Birth date of deceased MAR. 4 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>10</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace CENTER JUNCTION IOWA
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

12. Name WILLIAM POPPE

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

14. Maiden name MARIE ENGELHARTS

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

16. (a) Informant Amanda Nitz

(b) Address Lakota, Iowa

17. (a) REMOVED (b) Date thereof JAN 17 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or BLUE EARTH MINN

18. (a) Signature of funeral director RUNNENBURGER'S

(b) Address HARRISONVILLE, MO.

19. (a) Jan 17-1947 (b) Danna J. Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State IOWA (b) County KOSSUTH

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

(d) Street No. _____ (If rural, give location) 2

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 16 year 1947 hour 8:20 minute P M.

21. I hereby certify that I attended the deceased from JANUARY 6, 1947, to JAN 16, 1947, that I last saw h. W alive on JAN. 16, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS Duration 11 days

Due to ARTERIOSCLEROTIC HEART DISEASE UNKNOWN

Due to _____

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

PHYSICIAN

Major findings: _____

Of operations NONE

Of autopsy NONE 930

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? _____

While at work _____ (Specify type of place)

(e) Means of injury 0

23. Signature OTB Bargen M.D. (M. D. or other)

Address Harrisonville, MO Date signed 1/16/47

2022 12 08 10:00 AM

12/8/22

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 Ernest Rummelbueger

Licensed Embalmer No. 3368

P. O. Address Harrisonville, 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: