

S. No. 2
DM-2-43
v. 5-17-39
I X35597

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36961**

FILED DEC 8 1947

Registration District No. 4

Primary Registration District No. 4012

Registrar's No. _____

1. PLACE OF DEATH

(a) County Atchison Co.
(b) City or town Rock - Port mo
(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) 1
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison
(c) City or town Rock Port mo
(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 ADOLPH AUGUST JELLERT

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mrs. Hannah Jellert 6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased March 15 1886
(Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Madgeburg - Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER

12. Name August Jellert
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Jellert
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Hannah Jellert
(b) Address Rock - Port mo

17. (a) burial (Burial, cremation, or removal) (b) Date thereof Nov 5 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Hunter Cemetery

18. (a) Signature of funeral director J. A. Reuther
(b) Address Rock Port, Mo.

19. (a) 11-4-47 (Date received local registrar) (b) Betty Christie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 3. year 1947 hour 8 minute 10A. M.
21. I hereby certify that I attended the deceased from Oct. 15, 1947 to Nov. 3, 1947
that I last saw him alive on Nov. 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Physician J. A. Reuther

Due to _____

Due to _____

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

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN J. A. Reuther
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 f

23. Signature J. A. Reuther (M. D. or other) MD
Address Rockport, Mo. Date signed 11/3/47

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

**DISTRICT HEALTH OFFICE
Cameron, Mo.**

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.....

W. E. Burham....., Registered Apprentice No.....
working under my personal supervision.

Signed *W. E. Burham*.....

Licensed Embalmer No. *1764*.....

P. O. Address *Rock Port 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.