

No. 2
2-45
17-39
X47070

FILED DEC 2 1947 3
Registration District No. **2773**

Primary Registration District No. **5920**

Registrar's No. **65**

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

1. PLACE OF DEATH:

(a) County Perry

(b) City or town Rural Union
(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 43-6-23
(Specify whether)

In this community 43-6-23
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Perry **79**

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

(d) Street No. _____ (If rural, give location) **0**

(e) Citizen of foreign country? _____ (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME Ella Fluegel

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Herman Fluegel

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased May 26 1904
(Month) (Day) (Year)

8. AGE: 43 Years 6 Months 23 Days
If less than one day _____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business _____

12. Name Charles Lintner

13. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lydia Hoehn

15. Birthplace Perry Co., Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Herman Fluegel

(b) Address Perryville Mo. R 2

17. (a) Burial (b) Date thereof 11-21-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedenburg Mo.

18. (a) Signature of funeral director V. J. Johnson

(b) Address Perryville Mo.

19. (a) 11-21-47 (b) J. J. Gallner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19
year 1947 hour 11 minute 30 M. A

21. I hereby certify that I attended the deceased from Jan 1 st
1947, to Nov 19 19 47
that I last saw him alive on Nov 16 th 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to Brain Tumor

Due to _____

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

Major findings: X-ray 108

Of operations _____

Of autopsy _____

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? _____ (c) Means of injury _____

23. Signature J. J. Gallner (M. D. or other) MD

Address Perryville Mo. Date signed 11/20/47

RECEIVED

District Health Officer No. 4
District File Number 1247-1508
Date Filed 12-1-47

DEC 8 1947

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.....

Frederic W. Bane

, Registered Apprentice No. 510

working under my personal supervision.

Signed.....

Wallace Young

Licensed Embalmer No. 4027

P. O. Address.....

Perryville

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.