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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11712

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 122

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town FULTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: STATE HOSPITAL 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25y 11mo 4 days (Specify whether
In this community same
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County GASCONADE
(c) City or town GASCONADE 37
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME EUGENE SCHELLHAMMER
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M C
5. Color or race Wh
6. (a) Single, widowed, married, divorced Wid. 2
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased (Month) (Day) (Year) 1886

8. AGE: Years 62 | Months | Days | If less than one day hr. min.

9. Birthplace BERGER, MO (City, town, or county) 0 (State or foreign country)
10. Usual occupation DK
11. Industry or business
FATHER
12. Name AUGUST SCHELLHAMMER
13. Birthplace GERMANY (City, town, or county) 4 (State or foreign country)
MOTHER
14. Maiden name AGNES MANN
15. Birthplace (City, town, or county) DK 9 (State or foreign country)
16. (a) Informant RECORDS STATE HOSPITAL
(b) Address
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/17/48 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville College of Osteopathy
18. (a) Signature of funeral director Wallace Funeral Home
(b) Address 7 W 6th St. Fulton, Missouri
19. (a) 4-17-1948 (Date received local registrar) (b) Josie Morsinkhoff 38 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day FOURTEENTH year 1948 hour EIGHT minute P. M.
21. I hereby certify that I attended the deceased from October 15, 47, 19, to April 14, 1948, that I last saw him alive on April 14, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death EPILEPTIC STATE	12 hrs
Due to EPILEPSY	+25y
Due to	
Other conditions PSYCHOSIS DUE TO CONVULSIVE DISORDERS (Include pregnancy within 3 months of death)	+25y

Major findings:
Of operations
Of autopsy

PHYSICIAN
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Jacob Schemer (M. D. or other) M.D.
Address FULTON, STATE HOSP. Date signed 4/14/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed APR 23 1948

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 Wally J. Haines Jr, Registered Apprentice No. 82, working under my personal supervision.

Signed Virgil C. Browning

Licensed Embalmer No. 2724

P. O. Address Fulton Md

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.