No. 300
—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED OCT 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29156

Registration District No. 61 Primary Registration District No. 5237 Registrar's No. 47

1. PLACE OF DEATH:

(a) County Cedar

(b) City or town Rural, Cedar Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: near Cedar Springs Home, R#5, El Dorado Springs, Mo (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community 61 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cedar 20

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

(d) Street No. R#5, El Dorado Springs, Mo. (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Clarence F. Ellerman

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Lena Ellerman

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Jan. (Month) 6 (Day), 1887 (Year)

8. AGE: Years 61 Months 8 Days 27 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Frank Ellerman
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Caroline Schmidt
15. Birthplace Unknown (City, town, or county) Mo. U (State or foreign country)

16. (a) Informant Mrs. Lena Ellerman

(b) Address R#5, El Dorado Springs, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 7, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Love Cemetery

18. (a) Signature of funeral director Gwinn Carothers

(b) Address El Dorado Springs, Mo

19. (a) Oct. 4, 1948 (Date received local registrar) (b) Geo W. Nafus (Registrar's signature) 412

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3 year 1948 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 46, 19 , to Oct 3, 1948 that I last saw him alive on Sep 26, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Heart Block	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 L. T. Dunaway (M. D. or other)

Address El Dorado Spr Date signed 10/4/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 9-48-1169
Date Filed 10-11-48

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 Floyd E. Carothers

Licensed Embalmer No. 4419

P. O. Address El Dorado Springs, 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.