

FILED APR 4 1946

Registration District No. 297

Primary Registration District No. 6020

Registrar's No. 33

1. PLACE OF DEATH:

(a) County Ray

(b) City or town Crooked River Twp  
(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 \_\_\_\_\_  
In this community all his life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ray 89

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

(d) Street No. 4 mi N. E. of Hardin  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George Henry Kallenberger

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar 6 day 7 day  
year 1946 hour 10 minute \_\_\_\_\_ M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Madeline Hill

6. (c) Age of husband or wife if alive 69 years (Day) (Year)

7. Birth date of deceased Aug 21 - 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1 - 1946  
that I last saw him alive on Mar 6 - 1946  
and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 7 Days 15  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Cerebral Hemorrhage  
Arterio Sclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Ray Co Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name George Kallenberger

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

14. Maiden name Bertha Hilman

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

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy gross

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

16. (a) Informant Francis Kallenberger

(b) Address Hardin, Mo

17. (a) Burial (b) Date thereof Mar - 9 - 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Harding Cem

18. (a) Signature of funeral director John W. Rumpsheld

(b) Address Hardin Mo

19. (a) March 8 - 46 Malcolm Jackson  
(Date received local registrar) (Registrar's signature)

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 \_\_\_\_\_

23. Signature [Signature] (M.D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 3-8-46

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

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**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed John W. Knipschild  
Licensed Embalmer No. 2789  
P. O. Address Hardin 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.**