N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

36404

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 4814

Township Kaw — Primary Registration District No. 1002 — Registered No.

City Kansas City (No. Research Hospital St. Ward)

2. FULL NAME John Klinkenberg

(a) Residence. No. Bashesor St., Ward. Kansas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Carrie Klinkenberg

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5, 1863

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	67	7	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holland

PARENTS

10. NAME OF FATHER Nicholas Klinkenberg

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

12. MAIDEN NAME OF MOTHER not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Holland

14. INFORMANT Mrs. Carrie Klinkenberg (Address) Bashesor, Kansas

15. FILED 11-29, 1930 M M Crowe Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 27, 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept. 3, 1930, to Nov. 27, 1930 that I last saw him alive on Nov. 27, 1930 and that death occurred, on the date stated above, at 12:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Failure.

Contributary cause, Cancer of the prostate.

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) cancer of the prostate

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes. DATE OF Sept. 4, 1930

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Miscropic section.

(Signed) F M McCallum, M. D

11-28, 1930 (Address) 1019 Argyle Kansas City Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, ~~CREMATION, OR REMOVAL~~ Tonganoxie, Kansas — DATE OF BURIAL Nov. 30, 1930

20. UNDERTAKER Stine & McClure — ADDRESS 3235 Hillham Plaza