

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.

JAN 18 1935

39449 ✓

## 1. PLACE OF DEATH

County Gackson  
Township Blue  
City Linn (No. 505 South Oak)

Registration District No. 398  
Primary Registration District No. 5554

File No. \_\_\_\_\_  
Registered No. 391  
St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence, No. 2302 Hobart Okla St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

(If nonresident, give city or town and State)

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

## PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Kleihauer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 20-1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
35 08 11 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Concordia Missouri

13. NAME August Wankumbring

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Finney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT James Kleihauer (ADDRESS) Hobart Oklahoma

18. BURIAL, CREMATION, OR REMOVAL PLACE Hobart Okla DATE Dec 25 1935

19. UNDERTAKER George G. Carson (ADDRESS) Independence Mo.

20. FILED 12-26-1935 J. L. Brook Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec 24 1935 to Dec 24 1935

I last saw h. er alive on Dec 24 1935. Death is said to have occurred on the date stated above, at 1:50 p.m.

The principal cause of death and related causes of importance were as follows:

Coronary Occlusion

Date of onset

Other contributory causes of importance none

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_

Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_

(Signed) Fred W. Hinkle, M. D.  
(Address) Sugar Creek Ind

