

REC'D JUN 8 1938

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

18280
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 318
 (b) Township 1 Primary Registration District No. 2001 Registered No. 419
 (c) City Springfield Mo (d) Street No. 1601 N. Robberson St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Mary Kleinmeinz

(a) Residence, No. 1601 North Robberson St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED!! HUSBAND OF <u>John Kleinmeinz</u> (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28th 1865</u>		
7. AGE YEARS <u>72</u>	MONTHS <u>9</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>House Wife</u>		
9. Industry or business in which work was done, as 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) <u>Val Prason Ind</u>		
13. NAME <u>Gabriel Schwaetzenbach</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Treasa Rusner</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT <u>Andrew Schwart enbach</u> (ADDRESS) <u>hayer, Missouri</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Marys Cemetery</u> DATE <u>May 23, 1938</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Herman H. Lomeuer</u> <u>Springfield Mo.</u>		
20. FILED <u>May 23 1938</u> <u>Chas. George</u> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) - May 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1938, to May 21, 1938
 I last saw her alive on May 20, 1938 Death is said to have occurred on the date stated above, at 2:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Cerebral Date of onset 1930
1060
 Other contributory causes of importance:
Bronchitis - Subacute, 1934
 Name of operation none Date of _____
 What test confirmed diagnosis? Clinical 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? no
 If so, specify _____ (Signed) F. B. Camp, M. D.
Springfield

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.

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.....

Walter E Hamilton

Licensed Embalmer No. *3808*

P. O. Address *Springfield 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, above space should be left blank.