REC'D JUN 17 1938

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

19616
Do not use this space.

1. PLACE OF DEATH
(a) County Saline
(b) Township
(c) City Marshall
Registration District No. 796
Primary Registration District No. 3038 Registered No. 77
(d) Street No. Fitzgibbons Hospital 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 Martin George Kleen
(a) Residence, No. Mt. Leonard, Mo. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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 Caroline Kleen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1855

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ...min.
82	6	26	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Liveryman
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) Germany

FATHER
13. NAME No record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME No record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

17. INFORMANT Ernest Kleen
(ADDRESS) Mt. Leonard, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Blackburn, Mo. DATE May 17, 1938

19. FUNERAL DIRECTOR Campbell-Lewis Funeral Home
(ADDRESS) Marshall, Mo.

20. FILED 5-16-1938 Mary Kent Deputy Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1938

I HEREBY CERTIFY, That I attended deceased from May 5, 1938, to May 15, 1938

I last saw him alive on 5-15, 1938. Death is said to have occurred on the date stated above, at 4:30 m.

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

	Date of onset
Prostatic Hypertrophy (Post-operative)	1934
Other contributory causes of importance:	
Ch. Myocarditis	1936

Name of operation: Prostatectomy Date of: 5/10/38
What test confirmed diagnosis? Clinically Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) [illegible], M. D.
(Address) Marshall, Mo.

(Licensed Embalmer's Statement on Reverse Side)

NOTE: 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, Jas. H. Lewis, Licensed Embalmer No. 1171

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Jas. H. Lewis

Licensed Embalmer No. 1171

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)