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.

REC'D JUL 11 1938

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

22663
Do not use this space.

1. PLACE OF DEATH
(a) County Phelps — Registration District No. 678
(b) Township Dawson — Primary Registration District No. 5705 — Registered No.
(c) City St James — (d) Street No. Rural Route 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 John H Klossner 425
(a) Residence, No. Rural Route 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: 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: Malissie Klossner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-2-1858
7. AGE: YEARS 79 — MONTHS 11 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Farmer
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): 1-1-1938
11. Total time (years) spent in this occupation: 35 y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Gasconade Co Mo

FATHER
13. NAME: John Klossner
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER
15. MAIDEN NAME: Dont Know
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Johnie Klossner St James Mo
18. BURIAL, CREMATION, OR REMOVAL: PLACE Oak Grove Ce DATE 6-6 1938
19. FUNERAL DIRECTOR (ADDRESS): W E Kirchlider St James Mo
20. FILED 6-25- 1938 Elsie B. Houk, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 4 1938
22. I HEREBY CERTIFY, That I attended deceased from April 1938 to June 4, 1938
I last saw him alive on June 2, 1938. Death is said to have occurred on the date stated above, at 3 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	5-26-38
2	
1	
Other contributory causes of importance: Chronic Nephritis	1-1-38

Name of operation: Clinical — Date of
What test confirmed diagnosis? — 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) William H Breen M. D.
(Address) St James Mo

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, W E Lickliter, Licensed Embalmer No. 1970

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 W E Lickliter

Licensed Embalmer No. 1970

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