

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

AUG 24 1938

25444
Do not use this space.

1. PLACE OF DEATH

(a) County Henry Registration District No. 352
(b) Township Deerpater Primary Registration District No. 5493
(c) City Montrose (d) Street No. _____ 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

Catherine Kleinsorger
(a) Residence, No. Montrose, Mo. St. Mo.
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thos Kleinsorger

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-26-1868

7. AGE YEARS 70 MONTHS 1 DAYS 4 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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: Life

12. BIRTHPLACE (CITY OR TOWN) Montrose (STATE OR COUNTRY) Mo.

13. NAME Wm P. Loer

14. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) 0

15. MAIDEN NAME Francis Sickman

16. BIRTHPLACE (CITY OR TOWN) St Louis (STATE OR COUNTRY) Mo

17. INFORMANT Joe Bettels (ADDRESS) Montrose, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Wesphalia Rm DATE 8-2 1938

19. FUNERAL DIRECTOR (NAME) Fred Williamson (ADDRESS) Clinton Mo

20. FILED 8-10 1938 Mar. Lea Heiman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-30 1938

22. I HEREBY CERTIFY, That I attended deceased from June 14 1938, to July 30 1938
I last saw her alive on July 30 1938. Death is said to have occurred on the date stated above, at 8:30 P.M.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset _____

Other contributory causes of importance: Chronic parenchyma nephritis

Name of operation _____ Date of _____
What test confirmed diagnosis? clin + lab 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) W. E. Baggerly, M. D.

(Address) Montrose Mo

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.