

SEP 21 1938

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

28851  
Do not use this space.

1. PLACE OF DEATH  
(a) County Franklin Registration District No. 300  
(b) Township Seaton Primary Registration District No. 5417  
(c) City ..... (d) Street No. .... St.  
(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. Kluesner  
(a) Residence, No. .... St.  (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 Elizabeth Kluesner  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 30 1858  
7. AGE YEARS 79 MONTHS 7 DAYS 8 If LESS than 1 day, .... hrs. or .... min.  
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) ..... 11. Total time (years) spent in this occupation .....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Krakow Mo.  
13. NAME Peter Kluesner  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
15. MAIDEN NAME Elizabeth Mayer  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany  
17. INFORMANT (ADDRESS) Elizabeth Kluesner  
new Haven Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE St. Ann's Catholic Church DATE Aug 11 38  
19. FUNERAL DIRECTOR (ADDRESS) E. J. Matthews  
8-9-38  
20. FILED 8-9-38 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1938  
22. I HEREBY CERTIFY, That I attended deceased from Oct 4 to Aug 8 1938  
I last saw him alive on Aug 6 1938 Death is said to have occurred on the date stated above, at 6 A. m.  
The principal cause of death and related causes of importance were as follows:  
Chronic Corde-  renal disease  known  
Other contributory causes of importance: None  
Name of operation None 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 J. B. Matthews M. D.  
(Signed) J. B. Matthews (Address) Jersey Mo.

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.

I X12004

STATEMENT BY LICENSED EMBALMER

*E H Lemmel*

Licensed Embalmer No.

*3076*

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

*E H Lemmel*

L. E.

No. or by

Registered Apprentice No.

working under my personal supervision.

Signed

*E H Lemmel*

Licensed Embalmer No.

*3076*

**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.)**