

0269 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5236
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 435
 (c) City Kansas City (d) Street No. Research 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

Harry B. Klappmeyer
 (a) Residence, No. 3837 Wabash 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 Mrs. Mida L. Klappmeyer

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) December 5, 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 25

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Vice President
 9. Industry or business in which work was done, as saw mill, bank, etc. City Bank & Trust Co
 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) Missouri

13. NAME James M. Klappmeyer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Nellie Forrest Watson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

INFORMANT Mrs. Mida L. Klappmeyer
 (ADDRESS) 3837 Wabash Kansas City, Mo.

17. BURIAL PLACE Olathe, Kansas DATE February 1, 1939

18. FUNERAL DIRECTOR (NAME) Stine & Mc Clure
 (ADDRESS) Kansas City, Missouri

20. FILED 71 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 30, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4 years, 1934 to death, 1939
 I last saw him... alive on 1-30/1939, 1939 Death is said to have occurred on the date stated above, at 11 m.
 The principal cause of death and related causes of importance were as follows:

Gal Stones Date of onset 12-15-38

Other contributory causes of importance:
Collaps of Res. Lung.

Name of operation Gal Stones Date of 1-25-39
 What test confirmed diagnosis? Was there an autopsy? Yes

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 None of Lower M. D.
 (Signed) Dr. W. B. Watson, R. C. No. (Address).....

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.

4116 W. ...

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson SS.

State File No. 5-236-39
Local Registrar's No. 435

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 12 day of February, 1945, before me appears.....

Mida L. Slapmeyer, who, upon her oath, states that the original record of ^{birth} death
for Mary B. Slapmeyer died Jan 30 ^{born} 1939, in the State of
Missouri, and which was filed at K.C. on 2-2, 1939, should be corrected as follows:

Item No. 17 should read 3837 Walnut
Instead of 3837 Wabash

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.
(SEAL) Affiant Mida L. Slapmeyer Wife
Relationship.

101 E. 3 1/2 St
Present Address.

Subscribed and sworn to before me this 12th day of Feb., 1945.

My Commission expires Oct. 20, 1947 Carrie M. Puppelius Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

