

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

RECORDED NOV 20 1939

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

35472!
Do not use this space.

1. PLACE OF DEATH

(a) County Bacon Registration District No. 73
 (b) Township 1 Primary Registration District No. 3006 Registered No. 211
 (c) City Columbia (d) Street No. Wagon 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 410 Rudolph Herman Klebba
 (a) Residence, No. Ridge Road Fountain, Mo. 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 28, 1915

7. AGE 24 YEARS MONTHS 8 DAYS 23 IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Student
 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

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain, Ridge, Osage County, Mo.
 13. NAME John Klebba
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain, Mo.

MOTHER 15. MAIDEN NAME Antoinette Schnader
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rich Fountain, Mo.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from 9-26, 1939, to 10-21, 1939
 I last saw him alive on 10-21, 1939 Death is said to have occurred on the date stated above, at 2:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Respiratory Failure due to Brain Abscess!
 Date of onset

Other contributory causes of importance:
Brain Abscess!

Name of operation Cranotomy Date of 10-15-39
 What test confirmed diagnosis? Was there an autopsy?

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?
 If so, specify (Signed) H. H. Haggard, M. D.
 (Address) Wagon Hospital, Columbia

17. INFORMANT (ADDRESS) John Klebba, Rich Fountain, Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Rich Fountain, Mo. DATE Oct. 24, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) John F. Heinrich, Jefferson City, Mo.

20. FILED 10/21/39 Allie Selby Local Registrar

78

STATEMENT TO BE MADE BY THE LICENSED EMBALMER
OF THE BOARD OF HEALTH
OF THE CITY OF ST. LOUIS
IN CONNECTION WITH THE
PREPARATION OF THE BODY FOR BURIAL

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,

John F. Hennrich

or by

Registered Apprentice No. _____ working under my personal supervision.

Signed

John F. Hennrich

Licensed Embalmer No. *3655*

P. O. Address *Jefferson City, Mo*

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
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

County Boone
Township Columbus
City Columbus (No. _____) St. _____ Ward _____

Registration District No. 73
Primary Registration District No. 3006

7
5-35472
File No. _____
Registered No. 211

2. FULL NAME

Rudolph Herman Kletka

(a) Residence, No. _____ St. _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
24 8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, 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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19 _____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19 _____

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Respiratory Failure
Due to Brain abscess
Frontal lobe Osteomyelitis

Other contributory causes of importance: _____

Name of operation Craniotomy Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____

If so, specify _____ (Signed) H. J. Sprague _____ M. D.

(Address) 2000 Boone _____

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.

SUPPLEMENT

S-35463