

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

36132
 Do not use this space.

NOV 9 1939

1. PLACE OF DEATH
 (a) County Greene Registration District No. 391
 (b) Township Washington Primary Registration District No. 5445 Registered No. 79
 (c) City Rogersville, Mo. R. 1 (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 1 year (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME Sarah E. Klepper
 (a) Residence, No. 416 Rogersville, Mo. R. 1 St. (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
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Robert M. Klepper
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4 - 1855
 7. AGE YEARS 84 MONTHS 1 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired
 9. Industry or business in which work was done, as saw mill, bank, etc. housewife
 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) Rogersville, Mo. O
 FATHER 13. NAME Sterling Smith
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 MOTHER 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee
 17. INFORMANT (ADDRESS) B. E. Klepper
Ozark, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Smith DATE 9/8 1939
 19. FUNERAL DIRECTOR (ADDRESS) B. E. Klepper
Ozark, Mo.
 20. FILED Nov 8 1939 Miss Pearl H. Mitchell
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 6 - 1939
 22. I HEREBY CERTIFY, That I attended deceased from Jan 1938, to Sept 6 1939
 I last saw him slive on Sept Aug 31 1939 Death is said to have occurred on the date stated above, at 6:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Hypertrophy of Heart with
Hypertension & arteriosclerosis
 Date of onset _____
 Other contributory causes of importance: None
 Name of operation None 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? No.
 If so, specify _____
 (Signed) J. H. Wade _____, M. D.
 (Address) Ozark 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.

STATEMENT BY LICENSED EMBALMER

I, B. C. Klepper, Licensed Embalmer No. 2178

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

L. E.

No. or by Forest Klepper, Registered Apprentice No. 143
working under my personal supervision.

Signed B. C. Klepper
Licensed Embalmer No. 2178

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.)