

DEC 15 1939

Registration District No. 578

Primary Registration District No. 2001

Registrar's No.

836

1. PLACE OF DEATH:

(a) County Greene 2
(b) City or town Springfield
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1705 W Atlantic
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓
(Specify whether
In this community
years, months or days) 450

3. (a) PRINT FULL NAME Jess Ellsworth Klingensmith

3. (b) If veteran, name was Spanish 3. (c) Social Security No. ✓

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Bertha Mae 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased aug 26 1872
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 2 22 hr. min.

9. Birthplace Washington Ind.
(City, town, or county) (State or foreign country)

10. Usual occupation car carpenter

11. Industry or business " " " "

MOTHER FATHER { 12. Name Peter Klingensmith

13. Birthplace Penn
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Rodgers

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Ray Klingensmith

(b) Address R. 2 Springfield

17. (a) Burial (b) Date thereof Nov 20 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek

18. (a) Signature of funeral director J. H. Klingner & Co.
(b) Address 424 E. Commercial Springfield Mo 270

19. (a) Nov 18 1939 (b) Charles H. ...
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Greene
(c) City or town Springfield
(If outside city or town limits, write "RURAL")
(d) Street No. 1705 W Atlantic
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 18
year 1939 hour 5 minute 40 a.m.

21. I hereby certify that I attended the deceased from May 1939
19____, to Nov. 18 1939
that I last saw him alive on Nov. 14 1939, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death carcinoma of the jaw and throat metastatic
Due to primary carcinoma of nose
Duration _____

Other conditions (include pregnancy within 3 months of death) 5'2"

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Manner of injury _____
23. Signature Thurston ... (Date) _____
Address 2102 Holland Springfield (City or town) (State) _____

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 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

J. B. Klingner

Licensed Embalmer No. 3358

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.

X