

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 398

Primary Registration District No. 5554

State File No. _____

Registrar's No. 328

1. PLACE OF DEATH:

(a) County Jackson B.L. Co. Mo.

(b) City or town Indp. Mo. Route #2.

(c) Name of hospital or institution: _____

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 6 Months
years, months or days

3. (a) PRINT FULL NAME John H. Kleever,

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Lottie Kleever

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Germany, Feb. 13th, 1851

(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>88</u>	<u>8</u>	<u>18</u>	hr. _____ min.

9. Birthplace Germany

(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name No Record 9

13. Birthplace No Record 9

(City, town, or county) (State or foreign country)

14. Maiden name No. Record

15. Birthplace No Record

(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Fred Kleever

(b) Address R. #1. Indp. Mo.

17. (a) Burial (b) Date thereof Nov. 2-39

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 11-2-39 (b) Ed. Cook

(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County Jackson

(c) City or town Indp. Mo.

(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1st, 1939

year 1939 hour _____ minute 2; A.M.M.

21. I hereby certify that I attended the deceased from Oct 28 1939

19 _____ to Nov 1 19 _____

that I last saw him alive on Oct 28 19 _____

and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardia

myocardial infarction

Due to Age

Due to 93 C

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings: Shrapnel Dry tongue

Of operations Aspiration

Of autopsy Shrapnel in lung

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? _____

28. Signature Ed. Cook (M. D. or other) _____

Address Independence Mo Date signed 11/1/39

Phone Indp. 1216.
Dr. In at 5; P.M.

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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 Wenzel E. Browning

Licensed Embalmer No. 2744

P. O. Address K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.