DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42264

Registration District No. 399 — MAR 13 1940 — Primary Registration District No. 1002 — Registrar's No. 4673

1. PLACE OF DEATH:

(a) County Jackson,

(b) City or town Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 633 West 61st Street, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether years, months or days) In this community unknown,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson,

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

(d) Street No. 633 West 61st Street, (If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Sarah Kleeman, 455

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

3. (c) Social Security No. x No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis F. Kleeman,

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

7. Birth date of deceased March 5, (Month) 1854, (Day) (Year)

8. AGE: Years 85 | Months 9 | Days 3 | If less than one day hr. min.

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

10. Usual occupation none,

11. Industry or business x

FATHER
12. Name Samuel Trotter,
13. Birthplace Scotland, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Jane McCreight,
15. Birthplace Ireland, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mr. Louis F. Kleeman,

(b) Address 633 West 61st St., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-8-39. (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Dec. 9, 1939 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8th, year 1939, hour 3:45 P. minute P M.

21. I hereby certify that I attended the deceased from 1937, 19__, to Dec. 5, 1939; that I last saw her alive on Dec. 5, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Failure	Few hrs
Chronic Myocarditis	
Due to Generalized Arteriosclerosis + Senile Degenerative Changes	many years
Due to 930	
Other conditions (Include pregnancy within 3 months of death)	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Harold M Roberts (M. D. or other) MD

Address 1103 Grand Ave., Date signed 12-8-39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REV. 3-17-39 1 X19511

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. Waters

Licensed Embalmer No. 3992

P. O. Address K. C. 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.