

Registration District No. **556**

Primary Registration District No. **4329 (4939)**

1. PLACE OF DEATH:

(a) County Merced
(b) City or town Ravenna
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2
(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)

3. (a) PRINT FULL NAME Samuel W. Klingensmith **452**

3. (b) If veteran, name war _____ 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 Lyle Klingensmith 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Dec. 19 1970
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 1 26 hr. min.

9. Birthplace Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

12. Name Resikiah Klingensmith

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

14. Maiden name Brown
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Geta Weaver

(b) Address Princeton Mo

17. (a) Princeton (b) Date thereof Feb. 16, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton

18. (a) Signature of funeral director Noel Mass
(b) Address Princeton Mo

19. (a) 716 40 (b) J. M. Perry
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Merced
(c) City or town Ravenna
(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 Feb. day 15
year 1940 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Jan 23
1940, to Feb 14, 1940
that I last saw him alive on Feb 14, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to known

Due to Carcinoma liver
Pneumonia

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

Major findings: Of operations if b

Of autopsy None

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) Means of injury _____

23. Signature Byron J. Astell D.O.
Address Princeton Mo Date signed 2-15-40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

RECEIVED

District Health Officer No. 111

District File Number 300-275

Date Filed MAR 17 1948

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 Joel Moss

Licensed Embalmer No. 2634

P. O. Address Princeton

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.