

FILED APR 15 1941

Registration District No. 375

Primary Registration District No. 5523

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Holt  
(b) City or town Oregon MO Rural North  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 61 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt  
(c) City or town Oregon - Rural  
(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.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22  
year 1941 hour 4 minute 20 A.M.  
21. I hereby certify that I attended the deceased from Dec 19  
1940 to Mar 22 1941  
that I last saw him alive on March 20 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death: Myofibrillos 4 hrs

3. (a) PRINT FULL NAME William Albin Klingepeter

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Armina Klingepeter (c) Age of husband or wife if alive 48 years

7. Birth date of deceased January 24 1860  
(Month) (Day) (Year)

8. AGE: Years 81 Months 2 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Perry Co. Penn. (City, town, or county) (State or foreign country) 1

10. Usual occupation carpenter

11. Industry or business \_\_\_\_\_

12. Name John Klingepeter

18. Birthplace Pennsylvania (City, town, or county) (State or foreign country)

14. Maiden name Lydia English

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

16. (a) Informant James H. Klingepeter

(b) Address Oregon MO

17. (a) Burial (b) Date thereof March 24 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oregon

18. (a) Signature of funeral director Arvid Verhagen

(b) Address Savannah Ga

19. (a) 3-24-41 (b) Edith Kent  
(Date received local registrar) (Registrar's signature)

Due to chronic Myo carditis (years) (1 year)

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

336 (Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Edith Kent (M. D. or other) 1

Address Oregon MO Date signed 3-24-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

14  
0  
0

**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. Fred Terhune*

Licensed Embalmer No. *1279*

P. O. Address *Savannah*

**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.**