No. 2
4-13-40
5-17-39
P I X2315

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13953

Registration District No. 85 | Primary Registration District No. 1001 | Registrar's No. 432

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Meth. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)
In this community 35 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Buchanan 11
(c) City or town: St. Joseph 1
(If outside city or town limits, write "RURAL")
(d) Street No.: 5811 King Hill Ave. 7
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME: JOHN G. CLAASSEN
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: Johanna Claassen
6. (c) Age of husband or wife if alive: 76 years
7. Birth date of deceased: Dec. (Month) 8th. (Day) 1861 (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	9	hr. min.

9. Birthplace: Wolfsdorf (City, town, or county) 4 Germany (State or foreign country)
10. Usual occupation: retired
11. Industry or business: Mo. Serum Co.
MOTHER FATHER
12. Name: John Claassen
13. Birthplace: Unknown (City, town, or county) 4 Germany (State or foreign country)
14. Maiden name: Barbara Unknown
15. Birthplace: Unknown (City, town, or county) 4 Germany (State or foreign country)
16. (a) Informant: Dr. Paul Forgrave
(b) Address: St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-19-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Memorial Park
18. (a) Signature of funeral director: FLEEMAN & SON INC
(b) Address: St. Joseph, Mo.
19. (a) APR 19 1941 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th. year 1941 hour 12 minute 30 A.M.
21. I hereby certify that I attended the deceased from 3-29-41, 19..., to 4-17-, 1941; that I last saw him alive on 4-17-, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Myocarditis - Chronic -	3 years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations: None
Of autopsy: None

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: Paul Forgrave (M. D. or other) M.D.
Address: St Joseph, Mo Date signed 4-18-41

(Licensed Embalmer's Statement on Reverse Side)

AUG 14 1941

FEB 11 1942

APR 27 1948

FEB 10 1942

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.

FEB 11 [illegible]

Signed Geo C. Daniel

Licensed Embalmer No. 3300

P. O. Address St. Joseph, Mo

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

If this body is not embalmed, fact should be so stated above.