

140
39
23159

Dr. Hill
Registration District No. 213

Primary Registration District No. 3014

Registrar's No. 160

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1307 West High Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 27 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 96
(c) City or town Jefferson 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1307 West High Street 9
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 27 years 0 years.

3. (a) PRINT FULL NAME Frank Joseph Klenner

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 Emma Klenner 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 8 1881
(Month) (Day) (Year)

8. AGE:		Years	Months	Days	If less than one day
		<u>59</u>	<u>5</u>	<u>8</u>	hr. _____ min.

9. Birthplace Checo-Slovakia
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name John Klenner

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

14. Maiden name Philomena ?

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

16. (a) Informant Mrs Frank J. Klenner

(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May-19-1941
(Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cemetery

18. (a) Signature of funeral director John J. Gordon

(b) Address Jefferson City, Missouri

19. (a) 5/17/41 (Date received local registrar) (b) [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May, day 16th
year 1941 hour 5:30 minute _____ A.M.

21. I hereby certify that I attended the deceased from past year, 19____, to _____, 19____;
that I last saw him alive on May 4, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Parkinson's Disease with terminal Pneumonia (Bronchial)
Due to Pneumia
Duration of pneumonia about 3 day
Due to Parkinson's Disease

Other conditions none
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Gas. A. Hill (M. D. or other) _____
Address 517 Duval Bldg Date signed 5/17/41

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

MOTHER FATHER

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.....

Thorp & Gordon

Licensed Embalmer No. *1286*

P. O. Address.....

Jefferson City

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

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