

Registration District No. **399**

Primary Registration District No. **1002**

48
206

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

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **7316 Brooklyn**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **X**
In this community **X** / (Specify whether years, months or days)

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. **7316 Brooklyn**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **X** years.

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30

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **30th**, year **1941** hour **5:55** minute **P.** M.

21. I hereby certify that I attended the deceased from **May 4th**, 1941, to **June 30th**, 1941; that I last saw her **alive on June 30th**, 1941 and that death occurred on the **day** and hour stated above.

Immediate cause of death: **Kidney, Heart & Vascular Disease**

Duration **3 years**

Due to **131**

Due to **131**

Other conditions (Include pregnancy within 3 months of death) **131**

PHYSICIAN

Major findings: Of operations **none**
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? _____

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Mrs. Carolyn Elizabeth Klamm**

3. (b) If veteran, name war **X** 3. (c) Social Security No. **X**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Peter W. Klamm** 6. (c) Age of husband or wife if alive **dec.** years

7. Birth date of deceased **December 17 1864**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	76	6	13	0 hr. 0 min.

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

10. Usual occupation **at home**

11. Industry or business **X**

12. Name **George Eckert**

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

14. Maiden name **Dorothy Stell**

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

16. (a) Informant **Mrs. Stella Folden**

(b) Address **7316 Brooklyn, Kansas City, Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **7-2-41** (Month) (Day) (Year)

(c) Place: burial or cremation **Evangelical Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

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

19. (a) **7-1-41** (Date received local registrar) (b) **M. M. Crown** (Registrar's signature)

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

23. Signature **Dr. James J. Kerthen** (M. D. or other) **DD**

Address **1002 Chamber St. City** Date signed **July 1-41**

AUG 22 1941

Dr. J. J. Crittten,
1002 Chambers Bldg.,
VI - 9779

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

Willie H. Bennett, Registered Apprentice No. 282
working under my personal supervision.

Signed E. M. Plank
Licensed Embalmer No. 1848
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, fact should be so stated above.