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X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27757

FILED SEP 10 1941

Registration District No. 47

Primary Registration District No. 5071

Registrar's No. 14

1. PLACE OF DEATH

(a) County Bates

(b) City or town Mound Trap
(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 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates

(c) City or town Rural Mound Lamp
(If outside city or town limits, write "RURAL")

(d) Street No. .....
(If rural, give location)

(e) Citizen of foreign country? ..... (~~Yes~~ or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME PETER FRANCIS KLEPPER

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex M O

5. Color or race W

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife .....

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

7. Birth date of deceased March 10, 1864
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
77	4	28	..... hr. ..... min.

9. Birthplace Rogersville Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation retired farmer

11. Industry or business .....

FATHER
12. Name John M. Klepper
13. Birthplace Rogersville Tenn
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Delilah Simmons
15. Birthplace Rogersville Tenn
(City, town, or county) (State or foreign country)

16. (a) Informant J. O. Klepper
(b) Address Butler, Mo. R.F.D.

17. (a) Burial
(Burial, cremation, or removal)
(b) Date thereof Aug 9, 1941
(Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill

18. (a) Signature of funeral director Culver
(b) Address Butler, Mo

19. (a) Sept 3-41
(Date received local registrar)
(b) Ethel C. Stephens
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 7
year 1941 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from May 6 to 38, to 8-7-1941;
that I last saw him alive on Aug 6th 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	
Due to	
Due to	
Other conditions Bronchial Asthma (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

1316

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 L. D. LaHue (M. D. or other) Md
Address Butler, Mo Date signed 8-16-41

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7.
District File Number 9-41-1608
Date Filed 9-8-41

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 R. L. Denton Lisle

Licensed Embalmer No. 423

P. O. Address Butler, Mo.

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

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