

FILLED NOV 28 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

38179

Registration District No. 221

Primary Registration District No. 5300

Registrar's No. ....

## 1. PLACE OF DEATH:

(a) County Cooper  
(b) City or town Otterville R.F.D.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: ✓

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Entire Life (Specify whether years, months or days)In this community Entire Life3. (a) PRINT FULL NAME John Everett Klein3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced ✓6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years7. Birth date of deceased May - 19 - 1927  
(Month) (Day) (Year)8. AGE: Years 14 Months 5 Days 12 If less than one day hr. min.9. Birthplace Otterville Mo  
(City, town, or county) (State or foreign country)10. Usual occupation youth11. Industry or business Attending school12. Name Elmer Klein13. Birthplace Cooper County, Mo.  
(City, town, or county) (State or foreign country)14. Maiden name Maude Mae Klein15. Birthplace Cooper Co. Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant Elmer Klein(b) Address Otterville, Mo.17. (a) burial (b) Date thereof 11-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Otterville Mo18. (a) Signature of funeral director P. F. Parker(b) Address Otterville Mo.19. (a) 11-2-41 (b) Robert Taylor  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Cooper  
(c) City or town Otterville R.F.D.  
(If outside city or town limits, write "RURAL")(d) Street No. 0 (If rural, give location) 0(e) Citizen of foreign country? ✓ (Yes or No?)If yes, name country ✓

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1  
year 1941 hour 1 minute 17 M.21. I hereby certify that I attended the deceased from Oct 17  
1941 to Nov 1 1941that I last saw him alive on Nov 1 1941  
and that death occurred on the date and hour stated above.Immediate cause of death Encephalitis Duration 3 wksDue to acute MyocarditisDue to jobOther conditions job  
(Include pregnancy within 3 months of death)Major findings: jobOf operations jobOf autopsy job22. 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)Means of injury ✓23. Signature Robert Taylor (M. D. or other)Address Otterville Date signed Nov 7/41

DISTRICT HEALTH OFFICER  
Special Agent, Bureau of the Census,  
HIGGINSVILLE, MISSOURI

73-42-11

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.....

working under my personal supervision.

*myself*

....., Registered Apprentice No.....

Signed *Lucius F. Parker*

Licensed Embalmer No. *3840*

P. O. Address *Otterville Mo*

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

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