

S. No. 2
-1-4-41
5-17-39
-I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1304
State File No. 275
Registrar's No.

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1008 Askew Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 Years (Specify whether
in this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) City or town Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1008 Askew Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Augusta Klossber
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 20th
year 1942 hour 5 minute A. M.
21. I hereby certify that I attended the deceased from Sept 1930
1930 to Jan 20 1942
that I last saw her alive on Jan 19 1942
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Frank Klossber
6. (c) Age of husband or wife if alive. --- years
7. Birth date of deceased. October 20 1868
(Month) (Day) (Year)

Immediate cause of death Cerebral hyperemia
Arterial Sclerosis
Type Stroke

8. AGE: Years Months Days If less than one day
73 3 0 hr. min.

Due to SO
Due to _____

9. Birthplace Tonganoxie Kansas
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions Metastatic Pulmonary
(Include pregnancy within 3 months of death)
metastasis from Breast Ca.

11. Industry or business. ---
12. Name Charles L. Eibes
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Barbara A. Stang
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Francis Klossber
(b) Address Henderson Texas
17. (a) Burial (b) Date thereof Jan 22 1942
(Burial, cremation, or removal) (Day) (Year)
(c) Place: burial or cremation Near Leavenworth, Kans.
18. (a) Signature of funeral director O.H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 1/21/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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) (Means of injury)
23. Signature C. L. Tiller (M. D. or other) MD
Address 1414 Broadway Date signed 1-20-42

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

APR 3 1942

1414 Professional Society
11:30 - 12:30 - 1:30 - 4

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..... *H. C. Newcomer Jr.*
Licensed Embalmer No. *4043*
P. O. Address..... *R. 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.