

FILED FEB 16 1942

State File No.

Registration District No. 469

Primary Registration District No. 4280

Registrar's No. 10

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

1. PLACE OF DEATH:

(a) County Lawrence (b) City or town Stotts City, Rural (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 60 years (Specify whether years, months or days) In this community 60 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry Kleeman

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

4. Sex Male (b) Name of husband or wife Louise (c) Age of husband or wife if alive 36 years (1871)

5. Color or race white (6) (a) Single, widowed, married, divorced, Widowed (c) Age of husband or wife if alive 36 years (1871)

7. Birth date of deceased Oct 26 1871 (Month) (Day) (Year)

8. AGE: Years 70 Months 2 Days 25 If less than one day hr. min.

9. Birthplace Hoylton, Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name August Kleeman

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

14. Maiden name Louise Kleine (City, town, or county) (State or foreign country)

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

16. (a) Informant John Rahmseller (b) Address Stotts City, Mo

17. (a) Burial (b) Date thereof Jan 22 1942 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Evangelical Cemetery (d) Signature of funeral director H. D. Fassett

(b) Address Mt. Vernon, Mo

19. (a) Jan 22 (b) Buddha G. Morris (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Lawrence (c) City or town Stotts City, Rural (If outside city or town limits, write "RURAL") (d) Street No. (If rural, give location) (e) Citizen of foreign country? (Yes or No) If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20 year 1942 hour minute M.

21. I hereby certify that I attended the deceased from April 3 1942 Jan 17 1942 that I last saw him alive on 5/29/41 and that death occurred on the date and hour stated above.

Immediate cause of death Cachexia Ca of Rectum with 2 yrs metastases to adjoining structures

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 kind of place) (i) Means of injury

23. Signature Kenneth Glover M.D. (M. D. or other) Address Mt Vernon, Mo Date signed 1/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Mrs H D Fassett

Licensed Embalmer No.....

2720

P. O. Address.....

Mt Vernon 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.