

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

FILED FEB 16 1942

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Do not use this space. *Ro*

1. PLACE OF DEATH  
 (a) County *Ray* Registration District No. *740*  
 (b) Township *Brookside River* Primary Registration District No. *740* Registered No. *1*  
 (c) City *Wardens* (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) (St.)  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ yrs. mos. ds. (f) How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds.

2. PRINT FULL NAME *WILLIAM FRANKLIN KALLENBERGER*  
 (a) Residence, No. *Ray County* St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Matilda Hoff Kallenberger*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 6 1867*  
 7. AGE YEARS *75* MONTHS \_\_\_\_\_ DAYS *10* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Farmer*  
 9. Industry or business in which work was done, as saw mill, bank, etc. \_\_\_\_\_  
 10. Date deceased last worked at this occupation (month and year) *1940* 11. Total time (years) spent in this occupation. *Life time*

FATHER 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wardens Ray County, Mo!*  
 13. NAME *George Kallenberger*  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany of*

MOTHER 15. MAIDEN NAME *Bertha Nilsen*  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany of*

17. INFORMANT (ADDRESS) *Mrs. Russell Meador Wardens, Mo.*  
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Norborne Lutheran* DATE *Jan. 18 1942*  
 19. FUNERAL DIRECTOR (ADDRESS) *John H. Kripeschild Wardens, Mo.*  
 20. FILED *Jan 17 1942* *Chas W Sheppard* Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 16 1942*  
 22. I HEREBY CERTIFY, That I attended deceased from *Oct 22 1941*, to *Jan 16 1942*  
 I last saw him alive on *Jan 16 1942*. Death is said to have occurred on the date stated above, at *4:20 p. m.*  
 The principal cause of death and related causes of importance were as follows:  
*Hemiplegia Left side*  
*g3h*  
 Other contributory causes of importance:  
*arterio sclerosis*  
*myo carditis*  
 Date of onset *Oct 22/42*  
*10 yrs*  
*2 yrs*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *Marvin Grimes*, M. D.  
 (Address) *Wardens, Mo!*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-7-20-37 I X12004

RECEIVED

District Health Officer No. 8,

2-12-42

STATEMENT BY LICENSED EMBALMER

I, John W. Kupschield, Licensed Embalmer No. 2789

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed John W. Kupschield

Licensed Embalmer No. 2789

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.)