

FILED APR 2 1944
Registration District No. 574

Primary Registration District No. 4032

State File No. _____

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Bates
(b) City or town Rockville, Rockville, Mo
(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 of location)
(d) Length of stay: In hospital or institution Hours
(Specify whether _____)
In this community 61 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO
(b) County Bates
(c) City or town Rockville
(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 Dec day 12
year 1941 hour 6 minute 30, A.M.
21. I hereby certify that I attended the deceased from Dec 9
1941 to Dec 12 1941
that I last saw him alive on Dec 11, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Myocardosis</u>	<u>2 mo.</u>
<u>Coronary occlusion</u>	<u>4 mo.</u>
<u>arteriosclerosis</u>	<u>5 yrs</u>
<u>Chronic nephritis</u>	<u>3 yrs</u>

Other conditions: _____
(include pregnancy within 3 months of death)
Major findings:
Of operations none performed
Of autopsy none performed
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? _____

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature M. D. Burke (M. D. or other) MD
Address Rockville Date signed 12/15/41

3. (a) PRINT FULL NAME JOHN KLEPPINGER

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex Male 5. Color of race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary Kleppinger 6. (c) Age of husband or wife if alive 81 years

7. Birth date of deceased May 16 1859
(Month) (Day) (Year)

8. AGE: Years 82 Months 0 Days 26
If less than one day _____ hr. _____ min.

9. Birthplace Waterloo, Ia
(City, town, or county) (State or foreign country)

10. Usual occupation Harness maker

11. Industry or business _____

12. Name Jacob Kleppinger

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

14. Maiden name unknown

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

16. (a) Informant Lillian Ruchie

(b) Address Appleton City, Mo

17. (a) Burial (b) Date thereof Dec 15/1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Appleton City, Ia

18. (a) Signature of funeral director Frank Bell

(b) Address Appleton City, Mo

19. (a) Dec. 14 1941 (b) Mrs. Pauline Bain
(Date received local registrar) (Registrar's signature)

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

RECEIVED

District Health Officer No. 7,

District File Number 4-42-285

Date Filed 4-6-42

10
82
forward

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 me

on the 12th day of Dec 1941, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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.