

FILED MAY 15 1942

Registration District No. 4

Primary Registration District No. 5604

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Knox
(b) City or town Knox City "Rural" Tenth
(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 _____ (Specify whether)
In this community 4 yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Knox
(c) City or town Knox City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Maurita Klocke

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

4. Sex F. 5. Color or race w. 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Raymond Klocke 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased 3-12-1921
(Month) (Day) (Year)

8. AGE: Years 21 Months 1 Days 21 If less than one day hr. _____ min. _____

9. Birthplace Edina Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name Milton Burkhardt

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

14. Maiden name Magie Goodwin

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

16. (a) Informant Anna Griffith

(b) Address Edina Mo.

17. (a) Burial (b) Date thereof May 5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation See Ridge Cemetery

18. (a) Signature of funeral director Keith Hudson

(b) Address Edina Missouri

19. (a) May 4 1942 (b) Nelle Northcutt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd
year 1942 hour 13 minute 29 M.

21. I hereby certify that I attended the deceased from Mar 20 1942 to May 3 1942
that I last saw her alive on Apr 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis 7 yrs app
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death) 12 ft 1

Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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) (e) Means of injury _____

23. Signature J. Phillips (M. D. or other) 02
Address Knox City Mo. Date signed 5-4-42

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

52
0
0

RECEIVED

District Health Officer No. 10

District File Number 5-42-969

Date Filed MAY 1-3-1942

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 Keith Hudson

Licensed Embalmer No. 2415

P. O. Address Edina, Missouri

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.