

S. No. 2
M-9-4-41
v. 5-17-39
X29484

18339

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUN 1 1942

Registration District No. 469470 Primary Registration District No. 6683 Registrar's No. 82

53
30
AUG 6
1942

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town mt. Vernon

(c) Name of hospital or institution Missouri State Sanatorium

(d) Length of stay: In hospital or institution 28 days

In this community 28 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan

(c) City or town St Joseph

(d) Street No. 3016 Lafayette St

(e) Citizen of foreign country? (Yes or No) _____

3. (a) PRINT FULL NAME Herbert Miller Klaiber

(b) If veteran, name war No

(c) Social Security No. 491-10-1448

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th year 1942 hour 1:20 minute am

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

(b) Name of husband or wife Eloys Latham Klaiber

(c) Age of husband or wife if alive 33 years

7. Birth date of deceased Jan 24 1906

21. I hereby certify that I attended the deceased from April 12th 1942 to May 9 1942

that I last saw him alive on May 8 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Brain abscess

The Meningitis

Due to tuberculous otitis media

8. AGE: Years 26 Months 3 Days 13

9. Birthplace St Joseph MO

Due to Pulmonary tuberculosis

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation Baker

11. Industry or business Baker

12. Name Adolph Klaiber

13. Birthplace Berlin Germany

14. Maiden name Rose Ida Miller

15. Birthplace Andrew Co Mo

Major findings: 138

Of operations _____

Of autopsy? See above

16. (a) Informant Mrs. Michael Richard Clark

(b) Address Missouri State Sanatorium

17. (a) Removal Removal (b) Date thereof May 9 1942

(c) Place: burial or cremation St Joseph Mo

18. (a) Signature of funeral director Edward J. ...

(b) Address St Joseph, Mo.

19. (a) May 10 1942 (b) Anna Whiskey

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature C. A. Brasher M.D.

Address mt. Vernon Mo. Date signed May 9 42

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 6,

District File Number 642-809

Date Filed JUN 9 1942

JUN 17 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 _____

May 9 1942

_____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

John A. Hurley

Licensed Embalmer No. 4050

P. O. Address St. Joseph 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.