

ALL AUG 14 1942
JL-470

Registration District No. 470

Primary Registration District No. 56.33

State File No.

Registrar's No. 8052

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

1. PLACE OF DEATH:

(a) County Lawrence

(b) City or town Mt. Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 290 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jean Klenn

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Earl Klenn

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased Sept. 2 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

30	10	25	hr. min.
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9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Eugene G. Hogan

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

14. Maiden name Matilda Sebastian

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

16. (a) Informant E. McMichael, Record Clerk

(b) Address Mo. St. Sanatorium, Mt. Vernon, Mo

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof 7/27/42
(Month) (Day) (Year)

(c) Place: burial or cremation Assumption M

18. (a) Signature of funeral director Geo B Orr

(b) Address Mt Vernon Mo

19. (a) 7-28-42
(Date received local registrar)

(b) Ann Bohney
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Doniphan
(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 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1942 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from 10-12-41, 19... to 7-27-42, 19...
that I last saw h or alive on 7-27-42, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
Due to About 18 mo.

Due to 1301

Other conditions 1301
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: Of, operations

Of autopsy Pulm. TBC. TB Euteritis T.B. Salpingitis

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?

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

While at work 1 (Specify type of place) (e) Means of injury 1

23. Signature Paul W. Medina (M. D. examiner)
Address Mt. Vernon, Mo Date signed 7-28-42

1182

RECEIVED

District Health Officer No. 6,

District File Number 842-1254

Date Filed AUG 13 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.....

Licensed Embalmer No.....

P. O. Address.....

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.