

26998

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

Registration District No. 83

Primary Registration District No. 5312

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County COOPER  
(b) City or town CLARK'S FORK (RURAL)  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
11 MILES SOUTH OF BOONVILLE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: 60 YEARS (Specify whether years, months or days)

8. (a) PRINT FULL NAME MRS WILHELMINA M. KLEKAMP

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

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife FRANK KLEKAMP  
6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased MARCH 18 1862  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>4</u>	<u>23</u>	hr. _____ min.

9. Birthplace WESTPHALIA GERMANY  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business HOME

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

18. (a) Informant's own signature ALBERT KLEKAMP

(b) Address BOONVILLE MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 10 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation LOVE FILM CEMETERY

18. (a) Signature of funeral director STEGNER & KOENIG

(b) Address BOONVILLE, MO.

19. (a) August 13 1942 (b) Mrs. N. T. Reuzger  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER  
(c) City or town CLARK'S FORK (RURAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 11 MILES SOUTH BOONVILLE  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 10th  
year 1942 hour 2:10 minute \_\_\_\_\_ AM.

21. I hereby certify that I attended the deceased from JULY 31  
1942 to AUG. 6 1942  
that I last saw h. ER. alive on AUG. 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death CARCINOMA OF ESOPHAGUS  
& OBSTRUCTION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 Hubert D. Wells (M. D. or other) \_\_\_\_\_  
Address Boonville, Mo. Date signed 8-11-42

Duration

2-3 Mo.

PHYSICIAN

Underline the cause to which death should be charged statistically

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 5-17-39

1137

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 9-4-42

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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

*James W. Stegner*

Licensed Embalmer No.

*3780*

P. O. Address

*Boonville, 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, above space should be left blank.