

~~NOV~~ OCT 13 1942

Registration District No. 172

Primary Registration District No. 5641

Registrar's No. 52

54
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1
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Wyersville Ins. Nurses
(c) Name of hospital or institution:
5 MILES North East of HIGGINSVILLE, MO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community ALL HIS LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54
(c) City or town Wyersville
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. # 2
(If rural, give location)
(e) Citizen of foreign country? native born American (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Charles William Klussmann

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife META 6. (c) Age of husband or wife if alive 52
KLUSSMANN 18 1888
7. Birth date of deceased. AUGUST (Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 15 If less than one day hr. min.

9. Birthplace Corder Lafayette Co. MO (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business General Farming

MOTHER FATHER { 12. Name HENRY KLUSSMANN
13. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)
14. Maiden name ESSIE KOCH
15. Birthplace GERMANY 4 (City, town, or county) (State or foreign country)

16. (a) Informant MRS. CHARLES KLUSSMAN
(b) Address HIGGINSVILLE MO

17. (a) BURIAL (b) Date thereof SEPT 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation CORDER LUTHERAN CHURCH

18. (a) Signature of funeral director E. S. JAMES
(b) Address Cox Carola MO

19. (a) 9-12-1942 (Date received local registrar) (b) Dr. W.A. Braetter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 3 year 1942 hour 10:00 minute A M.

21. I hereby certify that I attended the deceased from called on General County 1942 to Corder 1942, that I last saw him alive on Sept 3 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
did suddenly while at work.

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy no 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) (c) Means of injury.....
23. Signature W.A. Braetter (M.D. or other)
Address Odesa Mo Date signed 9/9/42

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed 10-9-42

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*

....., Registered Apprentice No.
working under my personal supervision.

Signed *E. S. James*

Licensed Embalmer No. *2058*

P. O. Address *Concordia 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.