

FILED NOV 13 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33067

Registration District No. 2

Primary Registration District No. 5018

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Andrew  
(b) City or town Near Whitesville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Platte Swamp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 63 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew  
(c) City or town Near Whitesville  
(If outside city or town limits, write "RURAL")  
(d) Street No. Platte Swamp  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME George Henry Kleinfelder

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

4. Sex M 5. Color or race white 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive 1879 years  
7. Birth date of deceased March 29 (Month) (Day) (Year)

8. AGE: Years 63 Months 6 Days 24 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business \_\_\_\_\_

12. Name John Kleinfelder

13. Birthplace No Record Germany (City, town, or county) (State or foreign country)

14. Maiden name Margaret Draut

15. Birthplace Luxemburg Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Maggie Smith  
(b) Address Staubers, Mo

17. (a) Burial (b) Date thereof 10-25-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Whitesville

18. (a) Signature of funeral director E. C. Breit  
(b) Address Lavannah, Mo

19. (a) 10-24-42 (b) J. H. Fitchman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 23 year 1942 hour 10 minute 0 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Endocarditis

Due to Arteriosclerosis

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

Other conditions (Include pregnancy within 3 months of death) 92d

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 2

23. Signature Clifford L. Steidley (M. D. or other) 10  
Address St. Louis, Mo Date signed 10/24/42

Duration

?

?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

200

JAN 5 1943

**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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah Ga

**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.**