No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 10 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

7138

State File No.

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 22

24 1 2

1. PLACE OF DEATH
(a) County: Nodaway
(b) City or town: Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Landrather Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Nodaway
(c) City or town: Burlington Junction (Rural)
(If outside city or town limits, write "RURAL")
(d) Street No.: Nodaway Township
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 51 years 0 years.

3. (a) PRINT FULL NAME: William L. Kluth
3. (b) If veteran, name war: mo
3. (c) Social Security No.: none
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Dottie Kluth
6. (c) Age of husband or wife if alive: 56 years
7. Birth date of deceased: Dec. 14 (Month) 1880 (Day) (Year)

8. AGE: Years 62 Months 1 Days 21 If less than one day hr. min.

9. Birthplace: Wittenberg (City, town, or county) Germany (State or foreign country) 4
10. Usual occupation: farmer
11. Industry or business:
12. Name (Father): John Kluth
13. Birthplace (Father): Wittneberg (City, town, or county) Germany (State or foreign country) 4
14. Maiden name (Mother): Dora Jacobs
15. Birthplace (Mother): unknown (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant: Mrs. Dottie Kluth
(b) Address: Burlington Junction Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 2-7-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Workman Chapel cametery
18. (a) Signature of funeral director: Price Funeral Home
(b) Address: Maryville Mo
19. (a) 2-10-43 (Date received by local registrar) (b) Mary Cole (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 5 year 1943 hour 9 minute 44 A.M.
21. I hereby certify that I attended the deceased from JAN. 14, 1943, to FEB 5, 1943; that I last saw him alive on FEB. 5, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL EMBOLISM — Duration
Due to: FRACTURE OF WING LEFT ILIUM — 3 WKS.
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

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): ACCIDENT V074
(b) Date of occurrence: JAN. 14, 1943
(c) Where did injury occur? BURLINGTON JCT. (City or town) NODAWAY (County) MO (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? FARM. (HOME) (Specify type of place)
While at work? YES (e) Means of injury: ✓
23. Signature: W. L. Landrather (M. D. or other) DO.
Address: MARYVILLE MO. Date signed 2-5-43

1268 (Licensed Embalmer's Statement on Reverse Side)

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

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 W. M. L. Lee

Licensed Embalmer No. 2539

P. O. Address Maryville Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

No. 2B
8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7138

Registration District No. ..... Primary Registration District No. 3048 Registrar's No. .....

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Landfather Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Nodaway
(c) City or town Rural
(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 .....

3. (a) PRINT FULL NAME William L Klutz

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

4. Sex m
5. Color or race w
6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Dottie
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Dec 14 (Month) 1880 (Day) (Year)

8. AGE: Years 62 Months 1 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation .....
11. Industry or business .....

MOTHER FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)
14. Maiden name .....
15. Birthplace ..... (City, town, or county) ..... (State or foreign country)

16. (a) Informant .....
(b) Address .....
17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....
18. (a) Signature of funeral director .....
(b) Address .....
19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 5
year 1943 hour ..... minute ..... 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.

	Duration
Immediate cause of death	
Due to Fracture of wing left ilium	
Due to	
Other conditions (Include pregnancy within 3 months of death) 186a	
Major findings: Of operations	
Of autopsy 39	

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) Accident
(b) Date of occurrence Jan 14, 1943
(c) Where did injury occur? ~~Farm~~ Burlington Jct. Mo. Mo. (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? Farm (Specify type of place)
While at work? yes (e) Means of injury Fall

23. Signature W. L. Landfather (M.D. or other) DO
Address Maryville Mo. Date signed 3-30-43

SUPPLEMENTARY