

X23159

FILED MAR 18 1943

Registration District No. 77 Primary Registration District No. 3016

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

1. PLACE OF DEATH

(a) County Cole

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

(c) Name of hospital or institution:
820 West Main Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 75 years

3. (a) PRINT FULL NAME JOSEPH KLEENE Sr.

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Bristol Kleene

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

7. Birth date of deceased October 30 1849
(Month) (Day) (Year)

8. AGE: Years 93 Months 3 Days 22
If less than one day hr. min.

9. Birthplace Hanover, Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Engineer

11. Industry or business State Power Co.

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Kleene Jr.

(b) Address Jefferson City, Mo.

17. (a) Buried (b) Date thereof 2/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Augustus Dull

(b) Address Jefferson City, Mo.

19. (a) 2-26-43 (b) MARINA RICHTER
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City, Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 820 W. Main Street
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 75 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1943 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 1925 to date 1943
that I last saw h. in alive on Feb 20 and that death occurred on the date and hour stated above.

Immediate cause of death: Hypostatic Pneumonia

Due to Senility

Due to Arteriosclerosis & myocardial failure

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings: 93

Of operations: None

Of autopsy: None

PHYSICIAN: None
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) (e) Means of injury

23. Signature J. A. Osseman (M. D. or other) MD

Address Jefferson City Date signed 2-24-43

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~~

Sylvester Dulle

....., Registered Apprentice No.

working under my personal supervision.

Signed *Sylvester Dulle*

Licensed Embalmer No. *4321*

P. O. Address *Jefferson City, 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.