

1. PLACE OF DEATH:

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County MORGAN.
(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? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Zelma Ethel Klein

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julius Klein 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 28 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 9 18 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Steve Fisher

13. Birthplace Tipton Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Williamson

15. Birthplace Syracuse Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Julius Klein

(b) Address Florence, Mo.

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Florence Cemetery

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) Feb 18-43 (b) Henry Kipp
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 15TH
year 1943 hour 11 minute P. 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 APPROPLEX Duration _____

Due to _____

Due to _____

Other conditions NONE.
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy NONE.

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?
AT HOME - EAST OF FLORENCE, Mo.

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature L. E. Buchanan (Specify type of place) (b) _____

Address Kennett, Mo. Date signed 2/14/43

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

MOTHER FATHER

1050

RECEIVED

District Health Officer No. 71

Medical File Number

2-43-92

Date Filed

3-8-43

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

Registered Apprentice No.

working under my personal supervision.

Signed

Jewell Stevenson

Licensed Embalmer No.

K073

P. O. Address

Stover 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.