

FILED MAY 3 1949

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1700

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY MO.
(c) Name of hospital or institution 919 HARRISON ST.
(d) Length of stay: In hospital or institution. 20 years.
In this community 20 years, months or days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County JACKSON
(c) City or town KANSAS CITY
(d) Street No. 919 HARRISON
(e) Citizen of foreign country? No
If yes, name country.

3. (a) PRINT FULL NAME OTTO KLINGELE

3. (b) If veteran, name war. No
3. (c) Social Security No. Unable to find #.

4. Sex MA 5. Color or race WY 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased Jan 5 1900 (Month) (Day) (Year)

8. AGE: 43 3 4 hr. min.

9. Birthplace Leavenworth Kansas (City, town, or county) (State or foreign country)

10. Usual occupation Telegraph Operator

11. Industry or business

12. Name Phillip Klingele

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

14. Maiden name A. E. Gendin (State or foreign country)

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

16. (a) Informant Kramer Klingele (b) Address 715 N 9th Leavenworth Kansas

17. (a) Removal (b) Date thereof 5/10/43 (Barial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leavenworth Kans.

18. (a) Signature of funeral director J. O. Davis (b) Address Leavenworth Kansas (c) Date received local registrar 4/9/43 (Date received local registrar)

(d) Registrar's signature M. M. Ostrom (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 9 year 1943 hour 9:52 minute A M.

21. I hereby certify that I attended the deceased from ...
Crown

that I last saw him alive on ... and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary atherosclerosis, Chronic myocardial infarction

Due to ... 124 B'

Other conditions: Atherosclerosis of the liver (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy: None

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? (Specify type of place)

While at work (e) Means of injury
Signature: Ostrom Date signed: 4/9/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *John B. Lutz*
Licensed Embalmer No. 4273
P. O. Address K C 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.