

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15025

State File No. _____

Registrar's No. _____

Registration District No. _____

Primary Registration District No. 4382

FILED MAY 6 1943

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

1. PLACE OF DEATH:

(a) County Madaway

(b) City or town Parnell
(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 Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Madaway

(c) City or town Parnell
(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 MARY KLAAS

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1943 hour 12 minute 2 A. M.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Gene Klask

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased March 21 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 18 1942 to April 5 1943
that I last saw her alive on April 1 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

81 0 13 hr. _____ min.

Immediate cause of death Hemiplegia with Paralysis

Due to High Blood Pressure

Due to _____

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

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation school teacher house wife

Major findings: _____

Of operations _____

11. Industry or business _____

12. Name James Morris

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

14. Maiden name Elizabeth McKinney

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

16. (a) Informant Gene Klask

(b) Address Parnell, Mo.

17. (a) Burial (b) Date thereof 4-7-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Arch C. Dumble

(b) Address Grant City, Mo.

19. (a) 4/7/43 (b) Dr. Sawyer
(Date received local registrar) (Registrar's signature)

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)

23. Signature Egbert Crowson (M. D. or other) MD

Address Parnell Date signed April 7 1943

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

JUN 22 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.....

Arch C. Duffell

Licensed Embalmer No.....

3252

P. O. Address.....

Shant City, Md

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.