

MAY 24 1943  
Registration District No. 291

Primary Registration District No. 5993

Registrar's No. 36

36  
0  
0

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

1. PLACE OF DEATH:

(a) County Putnam  
(b) City or town Rural - Medicine Jar  
(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  
In this community about 50 yrs. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Lewis Joseph Klein

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

4. Sex male  
5. Color or race W  
6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased mar. 19 1863  
(Month) (Day) (Year)

8. AGE: Years 80 Months 10 Days  
If less than one day hr. min.

9. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER  
12. Name Lewis Klein  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Kiemel  
15. Birthplace St. Louis Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Lloyd Klein  
(b) Address Newtown, Mo.

17. (a) Burial (b) Date thereof 3-31-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bairdatown

18. (a) Signature of funeral director  
(b) Address Newtown, Mo.

19. (a) 5/15/43 (b) E. C. Talley  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Sullivan  
(c) City or town Newtown - Rural.  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural - 1 1/2 miles E. 105  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29  
year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Mar 15-43  
1943 to Mar 29 1943  
that I last saw him alive on Mar 29 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 93d

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)

(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 G. H. Dale (M. D. or other)  
Address Newtown, Mo Date signed 3/31/43

RECEIVED

District Health Officer No. 10

District File Number 5-45-849

Date Filed MAY 20 1943

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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 T. Howard Gidd

Licensed Embalmer No. 3240

P. O. Address \_\_\_\_\_

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, above space should be left blank.