

Registration District No. 128

Primary Registration District No. 2000

1. PLACE OF DEATH: **GREENE**

(a) County Greene

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

(c) Name of hospital or institution 1111 E Commercial St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Greene

(c) City or town Springfield
(If outside city or town limits, write "RURAL")

(d) Street No. 1111 E Commercial St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SIMEON BICKEL KLINEFELTER

MEDICAL CERTIFICATION

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

20. DATE OF DEATH: Month June day 10
year 1943 hour 5 minute 8 P.M.

4. Sex Male 5. Color or race White

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

21. I hereby certify that I attended the deceased from May 8, 1943, to June 10, 1943
that I last saw him alive on June 10, 1943
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Unknown

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

Immediate cause of death Cerebral hemorrhage
Due to arterio sclerosis

7. Birth date of deceased Dec 28 1858
(Month) (Day) (Year)

Other conditions prior cerebral hem.
(Include pregnancy within 3 months of death)

8. AGE: Years 184 Months 5 Days 12
If less than one day _____ hr. _____ min.

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

Major findings: g 301
Of operations _____
Of autopsy _____

10. Usual occupation Raised Farmer

11. Industry or business Farmer

12. Name AARON KLINEFELTER

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

14. Maiden name MARY BICKEL

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

16. (a) Informant Mrs. O.N. Morton

(b) Address 1111 E Commercial St

17. (a) Removal Belleville PA.
(Burial, cremation, or removal) (b) Date thereof June 14 1943
(Month) (Day) (Year)

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? _____

18. (a) Signature of funeral director J.W. Klingens
(b) Address 424 E. Commercial Springfield Mo

23. Signatur Arthur D. Knapp (M. D. or other) M.D.
Address 450 W. E. Cavitt St. Date signed 6-11-43

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

39
629

FILED JUN 28 1943

128

2000

984

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

J. B. Klingner

Licensed Embalmer No. *3356*

P. O. Address

Springfield, 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.