

FILED SEP 1 1943 42

Primary Registration District No. 5133

Registrar's No. 909

1. PLACE OF DEATH:

(a) County Buchanan  
(b) City or town "RURAL" Marion  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1/2 mile north of San Antonio, Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
In this community life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan  
(c) City or town "RURAL" Marion  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1/2 mile North San Antonio, Mo.  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CHARLES KLENK

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Bertha A. Klenk 6. (c) Age of husband or wife if alive 34 years  
7. Birth date of deceased June 12 1903  
(Month) (Day) (Year)

8. AGE: Years 35 Months 2 Days 1 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Buchanan County Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation dairyman

11. Industry or business \_\_\_\_\_

12. Name Ferdinand C. Klenk

13. Birthplace unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Rotterman

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

16. (a) Informant Mrs. Charles Klenk

(b) Address R.R. #2 Easton, Mo.

17. (a) burial (b) Date thereof 8/16/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Bellah & Bowman

(b) Address St. Joseph, Mo.

19. (a) 8/14/43 (b) Rose Skyles  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 13  
year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 15 1943 to Aug 13 1943  
that I last saw him alive on Aug 12 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death

Symphoricaromy with generalized arteriosclerosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 552  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Duration

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 W. H. Skyles (M. D. or other) \_\_\_\_\_

Address 620 E. 2nd St. Joseph, Mo. Date signed 8-14-43

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

MOTHER, FATHER

*Dr. Superstein*

*Kirk. bldg.*

**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..... *Frank A. Brown*

Licensed Embalmer No..... *1710*

P. O. Address..... *St. Joseph 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.**