

FILED SEP 10 1943

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 717

1. PLACE OF DEATH:

(a) County Greene

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

(c) Name of hospital or institution: Baptist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 hours
(Specify whether years, months or days)

In this community Lifetime

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lawrence ⁵⁵

(c) City or town Pierce City (Rural)
(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 1

3. (a) PRINT FULL NAME Delila Theodora Kleibocker

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 30
year 1943 hour 12 minute 20 A. M.

3. (b) If veteran, name war None

3. (c) Social Security No. Unk.

21. I hereby certify that I attended the deceased from Jan. 5 19 43 to Aug. 30 19 43
that I last saw her alive on Aug. 30 19 43
and that death occurred on the date and hour stated above.

4. Sex F

5. Color or race W

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

Immediate cause of death Postpartem hemorrhage and shock following forceps delivery of baby. ^{Duration} 2 hours

6. (b) Name of husband or wife Melvin Kleibocker

6. (c) Age of husband or wife if alive 26 years

7. Birth date of deceased May 10 1918
(Month) (Day) (Year)

8. AGE: Years 25 Months 3 Days 20
If less than one day hr. min.

Due to Breach presentment.

Due to

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

Other conditions 146
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

11. Industry or business

Major findings: Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Theobald Kaiser

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

14. Maiden name Aggie Drews

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

16. (a) Informant Melvin Kleibocker

(b) Address Pierce City Mo. R.R. 1

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof 9-1-43
(Month) (Day) (Year)

(c) Place: burial or cremation Freistatt Cem.

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 McMeyers

(b) Address Pierce City Mo.

While at work? W. E. Handley (Specify type of place)

(e) Means of injury

19. (a) 8-31-43 (Date received local registrar)

(b) W. E. Handley (Registrar's signature)

23. Signature W. E. Handley (M. D. or other)

Address W. E. Handley Date signed 8/30/43

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

6-10-9

X28390

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.....

..... *me*, Registered Apprentice No.....
working under my personal supervision.

Signed *Walter J. Hemenway*.....

Licensed Embalmer No. *3822*.....

P. O. Address *Lucas City*.....

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.

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