

OCT 25 1943
Registration District No. 128

Primary Registration District No. 5465

State File No. _____
Registrar's No. 848

1. PLACE OF DEATH:

(a) County Green
(b) City or town Rural, N. Campbell Twp. Route # 4
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
County Farm 5
(If not hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 MONTHS
(Specify whether
In this community 6 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Green
(c) City or town Rural, N. Campbell Twp. Route # 4
(If outside city or town limits, write "RURAL")
(d) Street No. County Farm
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 12
year 1943 hour 5 minute 00 A.M.

21. I hereby certify that I attended the deceased from May 14 1943 to October 12 1943
that I last saw him alive on Oct. 9 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic
Due to 93d
Due to _____

Other conditions of former left leg and foot due to old injury
(Include sequency within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

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

3. (a) PRINT FULL NAME William A. Klaiber

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

4. Sex Male 5. Color or Race White 6. (a) Single, widowed, married, divorced 3 divorced

6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive dur. years

7. Birth date of deceased. unk. unk. 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months unk. Days unk. If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Jacob - Klaiber
13. Birthplace unk. unk.
(City, town, or county) (State or foreign country)
14. Maiden name Christiana Stahl
15. Birthplace unk. unk.
(City, town, or county) (State or foreign country)

16. (a) Informant Tom Butcher
(b) Address County Farm

17. (a) Burial (b) Date thereof Oct 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Hazelwood Cem.

18. (a) Signature of funeral director Fred C. Theisen
(b) Address Springfield Mo.

19. (a) 10-15-43 (b) D. W. Handley
(Date received local registrar) (Registrar's signature)

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 Emest Amos (M. D. or other)
Address Springfield Mo. Date signed 10-15-43

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

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 FRED C THIEME

Licensed Embalmer No. 2899

P. O. Address Springfield 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.

X