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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37357

FILED DEC 3 1943

Registration District No. 1449

Primary Registration District No. 1002

Registrar's No. 4753

**1. PLACE OF DEATH:**

(a) County Jackson

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

(c) Name of hospital or institution: 914 W.32nd St Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 5

(d) Street No. 914 W.32nd St.Terrace
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME George Edward Klecker

3. (b) If veteran, name war no

3. (c) Social Security No. 493-12-8004

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Elsie E.Klecker

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased June 8 (Month) (Day) 1887 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 56 | 5 | 1 | ..... hr. ..... min. |

9. Birthplace Sidney (City, town, or county) Ohio / (State or foreign country)

10. Usual occupation Sheep Commission Man

11. Industry or business self

FATHER
12. Name Ferdinand Klecker
13. Birthplace Sidney (City, town, or county) Ohio / (State or foreign country)

MOTHER
14. Maiden name Mary Zimmerman
15. Birthplace Sidney (City, town, or county) Ohio / (State or foreign country)

16. (a) Informant Mrs. Elsie E.Klecker

(b) Address 914 W.32nd St.Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/~~10~~ 12/43 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Geo H. Long

(b) Address Kansas City, Kansas

19. (a) 11-10-43 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month November day 9th year 1943 3 hour 00 minute P M.

21. I hereby certify that I attended the deceased from Sept 12, 1943, to Nov 9, 1943 that I last saw him alive on Nov 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Hodgkins disease

Due to

Due to 44/5

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: D.K.

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Owen P. McGuire (M. D. ~~or other~~)

Address Professional Bldg Date signed 11/10/43

(Licensed Embalmer's Statement on Reverse Side)

Mc Pherson

**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 Louis A. Long

Licensed Embalmer No. 34A

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, fact should be so stated above.**