No. 2
—2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2753

Registration District No. 118 Primary Registration District No. 5425 Registrar's No. 4

1. PLACE OF DEATH:

(a) County Franklin.

(b) City or town New Haven. "Rural" Boeff Twship.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. #2.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None. (Specify whether
In this community 28 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36

(c) City or town New Haven. "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. R. #2.
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Ida Marie Klatt.

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Hans H. Klatt

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

7. Birth date of deceased November (Month) 15th, (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
82	2	12	hr. min.

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

10. Usual occupation House-work.

11. Industry or business x

FATHER
12. Name Peter Wollbrink.
13. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Charlotte Stoeppelwerth,
15. Birthplace Unknown, (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs. Fred H. Schwentker

(b) Address New Haven, Mo. R. #2.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 30, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation Washington, Mo.

18. (a) Signature of funeral director Nieburg & Vitt Inc.

(b) Address Washington, Mo.

19. (a) Jan 28 - 1944 (Date received local registrar) (b) Clara England (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th, year 1944 hour 7:00 minute 20 P.M.

21. I hereby certify that I attended the deceased from January 13, 1944 to Jan. 27, 1944; that I last saw her alive on Jan. 27, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Nephritis (Arteriosclerotic)	5 yrs
Due to	
Due to	
Other conditions Bronchopneumonia 1/13 (Include pregnancy within 3 months of death)	to 1/18

Major findings:
Of operations
Of autopsy

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 E. W. Held (M. D. or other) D.O.

Address ~~New~~ New Haven, Mo. Date signed 1/28/44

268 (Licensed Embalmer's Statement on Reverse Side) Dr. Held

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~~ Lester H. Witt, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Lester H. Witt

Licensed Embalmer No. 3254

P. O. Address Washington, Me

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.