

FILED APR 20 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 3016

Registrar's No. 93

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community lays (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 312 Bald Hill Road
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Christine Weber Kloappel

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Frank 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 11 1933
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>5</u>		hr. _____ min.

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

10. Usual occupation Housewife

MOTHER FATHER { 11. Industry or business _____

12. Name John Schulen
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Carolina Karmar
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Hobstdaniel
(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/15/44
(Month) (Day) (Year)
(c) Place: burial or cremation Westphalia, Mo. Cem.

18. (a) Signature of funeral director Urbahn
(b) Address Jefferson City, Mo.

19. (a) 4-14-44 (Date received local registrar) (b) Norma Richter (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11 year 1944 hour 10:00 minute PM

21. I hereby certify that I attended the deceased from Mar 1st 1944 to Apr 11 1944 that I last saw him alive on Apr 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus

Due to _____
Due to _____

Other conditions Gangrene of feet
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 61

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 H. G. Taylor (M.D. or other) _____
Address Jefferson City Date signed 4-13-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4-18-44

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.