

No. 2
-5-42
-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15903

State File No.

FILED MAY 5 1944
Registration District No.

Primary Registration District No. 3071

Registrar's No. 13

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

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Slater
(c) Name of hospital or institution: 522 W Maple
(d) Length of stay: In hospital or institution no
In this community all her life

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Saline
(c) City or town Slater
(d) Street No. 522 W. Maple
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Mary Kay Kleene
3. (b) If veteran, name war. No.
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 31
year 1944 hour minute 50 A.M.

4. Sex Female
5. Color or race wh
6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 20 - 1939

21. I hereby certify that I attended the deceased from March 23 1944 to March 31 1944
that I last saw her alive on March 31 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 4 Months 4 Days 11
If less than one day hr. min.

Immediate cause of death: Meningitis
Due to: Pneumonia
Due to: Pneumonia - Bronchio

9. Birthplace Marshall MO
10. Usual occupation child

Other conditions: (Include pregnancy within 3 months of death)
Major findings: Of operations: JS
Of autopsy: JS

11. Industry or business
12. Name Henry Kleene Jr
13. Birthplace Slater MO
14. Maiden name Alice Louise McAudley
15. Birthplace Marshall MO

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Henry Kleene Jr
(b) Address Slater MO
17. (a) Burial (b) Date thereof 4-2-44
(c) Place: burial or cremation Slater MO

23. Signature O.G. McBurney
Address Slater, MO Date signed 3-31-44

18. (a) Signature of funeral director Hill Brothers
(b) Address Slater MO
19. (a) 5-2-1944 (b) Mrs. John Giger

While at work (Specify type of place) (c) Means of injury
23. Signature (M.F. or other)
Address Slater, MO Date signed 3-31-44

1211

(Licensed Embalmer's Statement on Reverse Side)

Duration 48 hrs
14 days
6 days
PHYSICIAN
Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

5-44

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

Sam M Hill

Licensed Embalmer No.

1292

P. O. Address

Slater 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.