

S. No. 2
M-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18411

FILED MAY 17, 1944

Registration District No. 168

Primary Registration District No. 4250

Registrar's No. 86

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Perey, Mo.
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 months
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson
(c) City or town Perey, Mo.
(d) Street No. 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HERMINA KLABLE
3. (b) If veteran, name war _____
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 24
year 1943 hour 9 minute 15 P.M.
21. I hereby certify that I attended the deceased from Dec 19
1943 to Dec 24 1943
that I last saw he alive on Dec 24 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W.
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Adolph Klable
6. (c) Age of husband or wife if alive 22 years
7. Birth date of deceased: May 5 1859
(Month) (Day) (Year)

Immediate cause of death Cardiac Failure Duration 3 days
Due to Bronchitis Pneumonia 2 days
Due to Influenza 7 days
Other conditions None

8. AGE: Years 84 Months 7 Days 19
If less than one day hr. min.
9. Birthplace Antonia Mo.
(City, town, or county) (State or foreign country)

14. Major findings: Of operations None
15. Of autopsy None
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

10. Usual occupation Housework
11. Industry or business _____
12. Name Bernhard Friedman
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Christina Speck
15. Birthplace Germany
(City, town, or county) (State or foreign country)
16. (a) Informant Miss Ida Klable
(b) Address Perey, Mo.
17. (a) Burial (b) Date thereof Dec 27, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation ANTONIA Cemetery
18. (a) Signature of funeral director Reifinger Funeral Home
(b) Address Kimmance, Mo.
19. (a) 12/27/43 (b) Mrs. Lily Williams
(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?
(Specify type of place)
While at work _____ Means of injury _____
23. Signature Hermin Klable (Other) _____
Address Perey, Mo. Date signed 12/27/43

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

MOTHER FATHER

1357

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 5-15-44

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 Arthur W. Neilington

Licensed Embalmer No. 38727

P. O. Address Kenniswick, 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.