

FILED AUG 2 1944

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2945

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
2442 Prospect
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community Visiting
years, months or days _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette 54

(c) City or town Higginsville 2
(If outside city or town limits, write "RURAL")

(d) Street No. 409 St. 29th 1
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No) _____
If yes, name country _____

3. (a) PRINT FULL NAME Dwight Clifford Klepper

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16th
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw h Deputy Coroner and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased November 17 1945
(Month) (Day) (Year)

Immediate cause of death _____
Death due to strangulation-
accidental hanging.

8. AGE: Years _____ Months 7 Days 29 If less than one day _____ hr. _____ min.

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 1952-1-8

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

10. Usual occupation None

Major findings: Of operations _____
Of autopsy See Above

11. Industry or business _____

MOTHER FATHER { 12. Name Elmer J. Klepper

13. Birthplace Corden, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Willet Henderson

15. Birthplace White Church, Kansas
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123

(b) Date of occurrence July 16, 1944

(c) Where did injury occur? Kansas City, Mo (City, town, or county) (State)

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

16. (a) Informant Mrs. Willet Henderson Klepper

(b) Address 409 St. 29th Higginsville, Mo.

17. (a) Burial (b) Date thereof 7-16-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

While at work? No (Specify type of place) _____ (e) Means of injury Strangulation

23. Signature A. G. Wosker 3 (M. D. or other) M.D.
Address 28 McLeay Date signed 7/16/44

18. (a) Signature of funeral director D. H. Newcomer, Dons

(b) Address 1401 Brush Creek Blvd

19. (a) 7-16-44 (b) T. E. Brown (V3)
(Date received local registrar) (Registrar's signature)

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

23775

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 *A. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *K. C. 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.