. S. No. 2
OM—8-13
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 7 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26889

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 3391

1. PLACE OF DEATH:

(a) County Jackson City

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3110 Washington 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 75 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3110 Washington 3
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 8

If yes, name country D

3. (a) PRINT FULL NAME Elizabeth C. Klug

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 8

5. Color or race White

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

6. (b) Name of husband or wife Julius Klug

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

7. Birth date of deceased 1 (Month) 26 (Day) 1864 (Year)

8. AGE: Years 80 Months 60 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Stevens Point (City, town, or county) Wisconsin (State or foreign country) 1

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Cornelius Cooke
13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Georgiana White
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mrs. Leo Pursell
(b) Address 3110 Wasnington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-19-1944 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Mo.

19. (a) 8-17-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 16th.
year 1944 hour 5 minute 20 A. M.

21. I hereby certify that I attended the deceased from June 1, 1944. Aug 16, 1944 to ..... 19.....;
that I last saw her alive on Aug 16, 1944 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chr. Myocarditis	1 yr.
Due to Arterio Sclerosis	5 yrs
Due to Diabetes	5 yrs
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations no
Of autopsy no

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 M.R. Caselbolt MD (Date or other)
Address 4000 Baltimore Date signed 8/16/44

361 (Licensed Embalmer's Statement on Reverse Side) H C Mo

Dr. M.B.Casebolt
4000 Baltimore
Va. 5116

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.....

Licensed Embalmer No. 3599

P. O. Address.....

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.