S. No. 2
M—8-43
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 27271

Registration District No. FILED AUG 30 1944 Primary Registration District No. 100 Registrar's No. 848

**1. PLACE OF DEATH:**

(a) County Buchanan

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

(c) Name of hospital or institution: 1103 Dewey Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 50 Years

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Buchanan

(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")

(d) Street No. 1103 Dewey Ave.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Noble H. Klaas

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Louise Klaas

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased February (Month) 17 (Day) 1865 (Year)

8. AGE: Years 79 Months 6 Days 6 If less than one day hr. min.

9. Birthplace Chicago (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Retired Salesman

11. Industry or business Standard Oil Co.

FATHER 12. Name Henry Klaas

13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER 14. Maiden name Mary Ellen Irish

15. Birthplace Unknown (City, town, or county) Vermont (State or foreign country)

16. (a) Informant Mrs. Louise Klaas

(b) Address 1103 Dewey Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 25, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Parnell, Missouri.

18. (c) Signature of funeral director Herman W. Schulze

(b) Address 1802 Union St. St. Joseph, Mo.

19. (a) Aug 25 44 (Date received local registrar) (b) Helen L. Fricke (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 23 year 1944 hour 1 minute 20 P. M.

21. I hereby certify that I attended the deceased from Aug 18-44 Called down and that I last saw him alive on August 18 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pancreatitis Duration 10 days

Due to Arteriosclerosis and Malaria no control of Diet Fluctuates Duration 24 yrs

Due to all invalid 20 years Prior

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 John H. Kurzer (M. D.)

Address 109½ N. 8 St Joseph Mo Date signed 8/23/44

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(Licensed Embalmer's Statement on Reverse Side)

## 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 Robert H. Reed

Licensed Embalmer No. 3745

P. O. Address St Joseph 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.**