

FILED DEC 28 1944

Registration District No. 42

Primary Registration District No. 1000

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

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:
St Joseph's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 65 yrs
years, months or days)

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. 223 No 8th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country U

3. (a) PRINT FULL NAME Gertrude Klienbrodt

3. (b) If veteran, name war - 3. (c) Social Security No. -

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

6. (b) Name of husband or wife Richard 6. (c) Age of husband or wife if alive ? years

7. Birth date of deceased: Feb. (Month) ? (Day) ? (Year)

8. AGE: Years 65 Months ? Days ? If less than one day hr. min.

9. Birthplace Wathena, Kans (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

12. Name Fred Neckel

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

14. Maiden name Fors

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

16. (a) Informant Fred K. Hecker

(b) Address St Joseph, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-22-44 (Month) (Day) (Year)

(c) Place: burial or cremation Ashland Cem

18. (a) Signature of funeral director Fleeman & Son Inc

(b) Address St Joseph, Mo.

19. (a) 12-22-44 (Date received local registrar) (b) Jelen J. Puhle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20 year 1944 hour 1 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 18, 1944 to Dec 20, 1944 that I last saw her alive on Dec 20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 12/18/44

Due to.....

Due to.....

Other conditions Diab Mel (Include pregnancy within 3 months of death)

Major findings: Of operations 61 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: 131

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence 12/20/44

(c) Where did injury occur Joseph Rudawn Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? None

While at work? no (Specify type of place) (e) Means of injury John Graham

23. Signature Frank H. Anderson M.D. or other Address 620 Spruce St Date signed 12/24/44

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed.....

Robert H. Gable

Licensed Embalmer No. 3308

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.