

EMBED MAR 12 1945
Registration District No.

Primary Registration District No. 4148

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Cooper
(b) City or town Otterville
(If outside city or town limits, write "RURAL" and name of township)
(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..... (Specify whether)
In this community Entire Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cooper 27
(c) City or town Otterville
(If outside city or town limits, write "RURAL")
(d) Street No..... (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME James William Ben Klein

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 Lorena Klein 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased December 15 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 1 25 hr. min.

9. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business
MOTHER FATHER { 12. Name Fritz Klein
13. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Maggie Weichen
15. Birthplace Morgan County, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. J. W. Ben Klein
(b) Address Otterville, Mo.

17. (a) Burial (b) Date thereof 2-11-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Otterville, Mo.

18. (a) Signature of funeral director L. F. Parker
(b) Address Otterville, Mo.

19. (a) 2-13-1945 (b) Miss W. W. Robison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 9
year 1945 hour 9 minute 45 a.m.

21. I hereby certify that I attended the deceased from Jan 10
1945 to Feb 9 1945
that I last saw him alive on Feb 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration
apoplexy
Due to.....
Due to.....

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
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?

While at work?..... (Specify type of place) (c) Means of injury.....
23. Signature Robert F. Fogle (M. D. or other) 7/5
Address Otterville Mo Date signed 2/10/45

1087

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

RECEIVED

District Health Officer No. 8,

Date of Death: 3-10-45

MAR 20 1945

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 L. F. Parker

Licensed Embalmer No. 3840

P. O. Address Otterville, 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.