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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 27 1945

Registration District No. 42

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1000

State File No. 9122

Registrar's No. 282

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:
624 Prospect Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Not (Specify whether
In this community 71 years
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. 3010 Miller Avenue
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Carrie Klippel

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Edward M. Klippel

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

7. Birth date of deceased December (Month) 12 (Day) 1861 (Year)

8. AGE:

Years	Months	Days	If less than one day
83	2	27	hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Jacob Boehner
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Christina Schaffer
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. H. J. Bushnell
(b) Address 3010 Miller Ave, St. Joseph, Mo.

17. (a) Mausoleum (Burial, cremation, or removal) (b) Date thereof 3/12/1945 (Month) (Day) (Year)

(c) Place: burial or cremation Mausoleum, Ashland Cemetery

18. (a) Signature of funeral director Walter Meierhoffer
(b) Address 1302 Faraom, St. Joseph, Missouri

19. (a) 3-12-45 (Date received local registrar) (b) Helen L. Fickle (Registrar's signature)

1577

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th.
year 1945 hour 1 minute 25 P. M.

21. I hereby certify that I attended the deceased from
, 1942, to March, 1945;
that I last saw her alive on March 8, 1945;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Endocarditis	15 yrs
Due to Arterio Sclerosis	15 yrs.
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations no	
Of autopsy None	

92d

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 0

23. Signature M. Dunsmon M.D. (M. D. or other)

Address St Joseph Mo. Date signed Mar. 11/45

(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 Elbert P. Harrington

Licensed Embalmer No. 3258 Missouri

P. O. Address St. Joseph, Missouri.

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.