. S. No. 2
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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 APR 23 1945

Registration District No. 49

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 12277

Primary Registration District No. 1002

Registrar's No. 1480

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANS City, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 5 DAYS (Specify whether years, months or days)
In this community: 5 days.

2. USUAL RESIDENCE OF DECEASED:
(a) State: KANSAS (b) County: JOHNSON
(c) City or town: 3 MI. EAST of DeSOTO KAS
(If outside city or town limits, write "RURAL")
(d) Street No.: R.R. #1 DeSoto
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: AMERICAN BORN.

3. (a) PRINT FULL NAME: George Edward Kluss
3. (b) If veteran, name war: No
3. (c) Social Security No.: None

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: ADA N. KLUSS
6. (c) Age of husband or wife if alive: 66 years
7. Birth date of deceased: Aug. 28 1872 (Month) (Day) (Year)

8. AGE: Years 72 Months 7 Days 3 If less than one day hr. min.

9. Birthplace: Monticello TWP. KANS (City, town, or county) (State or foreign country)
10. Usual occupation: FARMer
11. Industry or business: None

FATHER
12. Name: Charles K. Kluss
13. Birthplace: Breslau Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: MARY LANCE
15. Birthplace: Breslau Germany (City, town, or county) (State or foreign country)

16. (a) Informant: Burton C. Wolf
(b) Address: RR - DeSoto KANS
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 4-3-45 (Month) (Day) (Year)
(c) Place: burial or cremation: De Soto Kans
18. (a) Signature of funeral director: G. B. Ramsey
(b) Address: Lawrence Kans
19. (a) 4-2-45 (Date received local registrar) (b) D. Holmes (Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 31 year 1945 hour minute M.

21. I hereby certify that I attended the deceased from March 29, 1945 to March 31, 1945 that I last saw him alive on March 31, 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Ruptured Myocardium | |
| Due to: Acute Coronary Thrombosis | 5 days. |
| Due to: Arteriosclerosis | |
| Other conditions (Include pregnancy within 3 months of death): 93 D | |

Major findings:
Of operations: None
Of autopsy: None as above —

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 (b) Means of injury

23. Signature: Earl R. Ferris M.D. (M. D. or other)
Address: 934 Argyle Bldg. Kansas City, Mo. Date signed: Mar. 31, 1945

(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 C. B Ramsey

Licensed Embalmer No. 3991

P. O. Address Lawrence Kansas

**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.**