

**FILED MAY 2 1945**

Registration District No. ....

Primary Registration District No. 43-9-3-5884

Registrar's No. 3

1. PLACE OF DEATH:

(a) County Osage  
(b) City or town Westphalia, R.D. Unadilla  
(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.  
In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Osage  
(c) City or town Westphalia  
(d) Street No. R.D.  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Jerome Gustave Kloepfel

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Child  
6. (b) Name of husband or wife. 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Jan 24 1942

8. AGE: Years Months Days If less than one day  
3 2 8 hr. min.

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

10. Usual occupation

11. Industry or business

12. Name George M Kloepfel  
13. Birthplace Rich Fountain Mo  
14. Maiden name Helen C Nilges  
15. Birthplace Loose Creek Mo

16. (a) Informant Mrs George Kloepfel  
(b) Address Westphalia Mo, R.D.

17. (a) Burial (b) Date thereof 3-15-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Westphalia Mo

18. (a) Signature of funeral director Celyde Morton  
(b) Address Linn Mo

19. (a) Mar-19-45 (b) Antonia K. Hella  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 7  
year 1945 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1945 to 1945

that I last saw him alive on 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Status Lymphaticus

Due to Septic haemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 64 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature W.W. Weldman (M. D. or other) D.O.  
Address Westphalia Mo Date signed 3/17/45

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

MOTHER FATHER

**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 Omer F. Jones Jr., Registered Apprentice No. 373 working under my personal supervision.

Signed Victor Buscher

Licensed Embalmer No. 3701

P. O. Address Jefferson City, 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.**