

S. No. 2
DM-8-43
v. 5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23897
15
Registrar's No.

FILED AUG 7 1945
Registration District No.

Primary Registration District No. 5426

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

1. PLACE OF DEATH:
 (a) County Franklin
 (b) City or town Rural
 (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 ALL years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Franklin
 (c) City or town Rural
 (d) Street No. _____
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Clara Klopheus
 (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex Female 5. Color or race W. 6. (a) Single, widowed, married, divorced, Married
 (b) Name of husband or wife Rudolph Klopheus 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Oct 10 (Month) (Day) (Year)

8. AGE: Years 53 Months 9 Days 14 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wif.

11. Industry or business Wife

12. Name Wife Rohlfing

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

14. Maiden name Caroline Rohlfing (City, town, county) (State or foreign country)

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

16. (a) Informant Rudolph Klopheus (b) Address Berger Mo.

17. (a) Burial (b) Date thereof 7-28-45 (Month) (Day) (Year)

(c) Place: burial or cremation Seneca Exh. Cem.

18. (a) Signature of funeral director W. H. ... (b) Address ...

19. (a) 7-27-45 (Date received local registrar) (b) Clara England (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month July day 25 year 1945 hour 9 minute 30 P. M.
 21. I hereby certify that I attended the deceased from April 30 to July 25, 1945
 that I last saw her alive on July 25, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Apoplexy
Hypertension
 Due to _____
 Due to _____

Other conditions: g. 270
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations no operation
 Of autopsy no autopsy

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 B. P. Eisenmann (M. D. or other) MD.
 Address New Haven Mo. Date signed 7/25/45

Duration 3 days
8 hrs
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 8-6-45

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

Earl Fertig

Licensed Embalmer No. 23386

P. O. Address York Haven Pa

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.