

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34229

FILED NOV 3 1945

Registration District No. 233 Primary Registration District No. 5813 Registrar's No. 4

1. PLACE OF DEATH:
(a) County Montgomery
(b) City or town Rural
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 50 years (Specify whether years, months or days)
In this community: 50 years

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

3. (a) PRINT FULL NAME CAROLINE HENRETTA KLEINSORGE
3. (b) If veteran, name war: _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 17 year 1945 hour 10 a minute a M.
21. I hereby certify that I attended the deceased from May 26 1942 to Oct 17 1945
that I last saw her alive on Oct 16 1945 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W
6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Henry Kleinsorge
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Nov 20 1868 (Month) (Day) (Year)

Immediate cause of death: Central hemorrhage
Due to: hypertension
Due to: senescence

8. AGE: Years Months Days If less than one day
77 10 17 hr. min.

9. Birthplace Troy Ill (City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business General house work

12. Name William Wille
13. Birthplace Germany (City, town, or county) (State or foreign country)

14. Maiden name W. K. Kruiser
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Edward Kleinsorge
(b) Address Wellsville

17. (a) Burial (b) Date thereof Oct 19 1945 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville

18. (a) Signature of funeral director J. D. Martin
(b) Address Wellsville Mo

19. (a) 10-20-45 (b) Thos. Meritt (Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations: g3w
Of 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) (e) Means of injury _____
23. Signature R. G. Stanford (M. D. or other) _____
Address Wellsville Mo Date signed Oct 17 1945

Duration
2.69.5

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

70
00
00

1480

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 7-2-45

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.....

[Handwritten Signature]

Licensed Embalmer No. 3059

P. O. Address Wellsville 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.