

No. 2  
-2-43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3069

FILED FEB 13 1946  
Registration District No. 160388

Primary Registration District No. 30305543

State File No. \_\_\_\_\_  
Registrar's No. 6

1. PLACE OF DEATH  
(a) County Jefferson  
(b) City or town Danby  
(If outside city or town limits, write "RURAL" and name of township)  
(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 55 yrs. - (years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jefferson  
(c) City or town Danby  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phillip Klotzer  
3. (b) If veteran, name war no  
3. (c) Social Security No. no

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan day 20  
year 1946 hour 5 minute 10 A.M.  
21. I hereby certify that I attended the deceased from Jan 3  
1946 to Jan 3 1946  
that I last saw h. in alive on Jan 3 1946  
and that death occurred on the date and hour stated above.

4. Sex male  
5. Color or race white  
6. (a) Single, widowed, married, divorced married  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased August - 7 1856  
(Month) (Day) (Year)

Immediate cause of death  
Chronic myocarditis

8. AGE: Years 89 Months 5 Days 13  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

9. Birthplace Red Bud Ill. /  
(City, town, or county) (State or foreign country)  
10. Usual occupation Farmer

11. Industry or business  
12. Name Unknown  
13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

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

16. (a) Informant David A Klotzer  
(b) Address Festus Mo R. 2  
17. (a) Burial (b) Date thereof 1-22-46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Danby Cem.  
18. (a) Signature of funeral director W. B. Timpard  
(b) Address Festus Mo  
19. (a) Jan 23 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 Bertus Polgar, M.D. or other  
Address Festus Mo Date signed 1-20-46

1424  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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..... *J. H. T. Myer*.....  
Licensed Embalmer No. *3010*.....  
P. O. Address..... *Feetons 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.**