No. 2
—5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

3439

State File No.

FILED FEB 27 1946

Registration District No. 23 Primary Registration District No. 5-8-17-435 Registrar's No. 1

1. PLACE OF DEATH:
(a) County Morgan
(b) City or town Syracuse
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution --
In this community Three years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Morgan 71
(c) City or town Syracuse (If outside city or town limits, write "RURAL") 0
(d) Street No. No street numbers (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country Native

3. (a) PRINT FULL NAME Anna Susan Klein
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife August Klein
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased November, 29th . 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
72	2	2	hr. min.

9. Birthplace Morgan County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER 12. Name Ebben Titus
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Ellen Miller
15. Birthplace - (City, town, or county) Illinois (State or foreign country)
16. (a) Informant Alice Klein
(b) Address Syracuse, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/4/46 (Month) (Day) (Year)
(c) Place: burial or cremation Syracuse, Mo
18. (a) Signature of funeral director Jennie E. Richards
(b) Address Tipton, Mo.
19. (a) Feb. 5-1946 (Date received local registrar) (b) Mildred F. Parsons (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 31st year 1946 hour 8 minute 20 A. M.
21. I hereby certify that I attended the deceased from 6-1-40, 19__, to 1-31-46, 19__; that I last saw her alive on 1-31-46, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	10 hrs.
Due to Arterial hypertension	Chr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations —
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? (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? (e) Means of injury

23. Signature H. R. Dunn M.D. (M. D. or other)
Address Tipton Mo. Date signed 1-31-46

112 (Licensed Embalmer's Statement on Reverse Side)

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

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 Me

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Jennie E. Richards

Licensed Embalmer No. 2466

P. O. Address Lipton, 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.