

**FILED** MAR 13 1946

Registration District No. 259

Primary Registration District No. 5883

1. PLACE OF DEATH:

(a) County Osgge  
(b) City or town Bonnots Mill, Mo. RFD  
(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 \_\_\_\_\_ (Specify whether)  
In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osgge  
(c) City or town Bonnots Mill, Mo. Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Theodore Jacob Kliethermes

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex W MD 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amelia Kliethermes 6. (c) Age of husband or wife if alive 700 years

7. Birth date of deceased Feb. 1, 1874  
(Month) (Day) (Year)

8. AGE: Years 72 Months 0 Days 3 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Loose Creek, Mo., RFD  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Agriculture

12. Name Theodore Kliethermes

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Paul Klæthermes

(b) Address Bonnots Mill, Mo., RFD

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/7/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Loose Creek, Mo.

18. (a) Signature of funeral director Clayton Mott

(b) Address Linn, Mo.

19. (a) Feb 9 (Date received local registrar) (b) Louise M. Lock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1946 hour 11:00 minute \_\_\_\_\_ A.M.

21. I hereby certify that I attended the deceased from 1-29-1946 to 2-4-1946  
that I last saw him alive on 2-4-1946  
and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia  
Due to: Prostatic Hypertrophy  
Artery sclerosis  
Chronic Cystitis  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: \_\_\_\_\_  
Of operations: \_\_\_\_\_  
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)  
(c) Means of injury \_\_\_\_\_  
23. Signature Wm. H. Baldwin (M.D. or other) DO  
Address Linn Date signed 2-5-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

5577

RECEIVED

District Health Officer No. 9,

District File Number \_\_\_\_\_

Date Filed \_\_\_\_\_

3-12-46

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 \_\_\_\_\_

Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address: Linn, Missouri

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.