No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 12 1946

Dr Mullins 17489

State File No.

Registration District No. 240 Primary Registration District No. 5826 Registrar's No. 18

1. PLACE OF DEATH:

(a) County New Madrid

(b) City or town Rural La Font
(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
In this community 33 yrs - 3 mo - 16 Days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County New Madrid 12

(c) City or town Rural (La Font Twp) 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John Joseph Klipfel

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

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

6. (b) Name of husband or wife Mary Klipfel 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased Sept. (Month) 28 (Day) 1882 (Year)

8. AGE: Years 63 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business Farming

FATHER
12. Name Joseph Klipfel
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Rosa Heisserer
15. Birthplace (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mary Klipfel
(b) Address Portageville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-3-46 (Month) (Day) (Year)
(c) Place: burial or cremation Portageville Cemetery

18. (a) Signature of funeral director DeLoste Funeral Parlor
(b) Address Portageville Mo

19. (a) 6-3-46 (Date received local registrar) (b) H. L. Ponder Deputy (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month May day 30 year 1946 hour 7 minute 05 A. M.

21. I hereby certify that I attended the deceased from March 25, 1946, to May 30, 1946 that I last saw him alive on May 30, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death acidosis and uremia

Due to Gastric Carcinoma with Intestinal Obstruction

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations No operations

Of autopsy 46 L

Duration

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 Park C. Mullen MD. (M. D. or other)

Address Box 56 Portageville, Mo. Date signed 6-1-46

218 (Licensed Embalmer's Statement on Reverse Side)

NOV 20 1946

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.....

Licensed Embalmer No.....

P. O. Address.....

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.