S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23234

Registration District No. 112 Primary Registration District No. 4184 Registrar's No. 22

1. PLACE OF DEATH:

(a) County Franklin

(b) City or town Gerald
(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 82 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Franklin 36

(c) City or town Gerald Mo
(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 John H Klusmeyer

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) ~~Single, widowed~~, married, ~~divorced~~ married

6. (b) Name of husband or wife Lillie L Klusmeyer

6. (c) Age of ~~husband or~~ wife if alive 76 years

7. Birth date of deceased March (Month) 20 (Day) 1864 (Year)

8. AGE: Years 82 Months 2 Days 23 If less than one day hr. min.

9. Birthplace Franklin Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business

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

MOTHER
14. Maiden name Catherine Kamp
15. Birthplace Franklin Co Mo (City, town, or county) (State or foreign country)

16. (a) Informant Floyd J. Klusmeyer
(b) Address 3536 Dixave St Louis

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-46 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Lockhart Cemetery

18. (a) Signature of funeral director E J Meyer
(b) Address Gerald Mo

19. (a) 6-13-46 (Date received local registrar) (b) J L Matthews (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 13
year 1946 hour 7 minute a M.

21. I hereby certify that I attended the deceased from Jan 1944 to June 13 1946
that I last saw him alive on June 8 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cancer of Prostate Gland	18 mon
Due to	
Due to	
Other conditions: (Include pregnancy within 3 months of death) 51b	

Major findings:
Of operations No operation
Of autopsy No 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 J L Matthews M.D. (M. D. or other)
Address Beaufort Mo Date signed 6/13/46

95

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 5-46-2
Date Filed 5-2-46

APR 20 1955

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 Earl R. Feeley

Licensed Embalmer No. 3785

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.