

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26646

FILED AUG 30 1946

State File No. 26646

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 196

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monteair
(c) City or town Rural
(If inside city or town limits, write "RURAL")
(d) Street No. W. 1st St. No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country Nature

3. (a) PRINT FULL NAME WILLIAM-THOMAS-KLEIN

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

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased March 7, 1943
(Month) (Day) (Year)

8. AGE: Years 3 Months 5 Days 14 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business None

12. Name Sylvester W. Klein

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

14. Maiden name Unknown

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

16. (a) Informant Hospital Record
(b) Address Jefferson City Mo.

17. (a) Washed (b) Date thereof 8-22-46
(Bath, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jefferson Mo.

18. (a) Signature of funeral director J. H. Lee & Richard
(b) Address Jefferson Mo.

19. (a) 8-22-46 (b) R. P. Davis
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st
year 1946 hour 10 minute 50 P. M.

21. I hereby certify that I attended the deceased from July 31/46
to Aug 21/46
that I last saw him alive on Aug 21/46
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Gastric hemorrhage

Due to Applastic anemia

Other conditions 118.3
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy Blood clotting stomach report petechial hemorrhages and plasma & clumps.

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? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature MR. [Signature] (M. D. or other) MD
Address Jefferson City Mo. Date signed 8/22/46

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

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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-46-220
Date Filed 8-29-46

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Jewell 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.