

Registration District No. 42 Primary Registration District No. 1000

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Mo. Methodist Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 days
 In this community 32 years. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan *11*
 (c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
 (d) Street No. 2703 Sacramento
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Henry Kleiner:
 3. (b) If veteran, No name war _____
 3. (c) Social Security No. _____

4. Sex Male *0* 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Henrietta Kleiner
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased September 23 1869
(Month) (Day) (Year)

8. AGE: Years 77 Months 0 Days 13
 If less than one day _____ hr. _____ min.

9. Birthplace Georgetown - Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Road Foreman
Mo. Pacific R.R. Co.

11. Industry or business Mo. Pacific R.R. Co.
MOTHER FATHER
 { **12. Name** John Kleiner *5*
13. Birthplace Unknown Switzerland
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Kleiner
(b) Address St. Joseph, Mo.

17. (a) Burial (b) Date thereof 10/7/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Heaton Beale & Bowman
(b) Address St. Joseph, Mo.

19. (a) Oct. 9, 1946 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 4
 year 1946 hour 12.. minute 25 P. M.
21. I hereby certify that I attended the deceased from Oct 1-46
 _____, 19____, to Oct 4, 19____
 that I last saw him alive on Oct 4, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction *Ch*
 Duration 1 hr
 Due to Pyelitis *v wks*
 Due to Pyelitis *v wks*
 Other conditions 135 B
(Include pregnancy within 3 months of death)

Major findings: Supra pubic cystotomy *Sep 15/46*
 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? _____

23. Signature [Signature] (M. D. or other) _____
Address St. Joseph, Mo.
Date signed Oct 7/46
(Specify type of place) (e) Means of injury

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

JUL 7 1947

NOV 8 1947

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 Eugene Wood
Licensed Embalmer No. 3804
P. O. Address 319 So 10th St. Joseph, 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.