S. No. 2
—8-43
5-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35948

State File No. .....

Registration District No. 373 Primary Registration District No. 6269 Registrar's No. 58

1. PLACE OF DEATH:

(a) County Webster

(b) City or town Rural Ozark Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: x
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution x (Specify whether years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Webster 112

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

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

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

If yes, name country x

3. (a) PRINT FULL NAME Max Laverne Kleier

3. (b) If veteran, name war x

3. (c) Social Security No. x

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased February - 3 - 1944 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
2	8	1	x hr. x min.

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

10. Usual occupation Infant

11. Industry or business x

MOTHER FATHER

12. Name Ray Kleier

13. Birthplace Webster County, Mo. (City, town, or county) (State or foreign country)

14. Maiden name Gladys Yates

15. Birthplace Webster County, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Kleier

(b) Address Marshfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-5-46 (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Lee Quinney

(b) Address Marshfield, Missouri

19. (a) 10/11/46 (Date received local registrar) (b) J. Lee Kinney (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4 year 1946 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Burns received by building burning down

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 18D-1
Of autopsy 15

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: 112

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence October 4 1946

(c) Where did injury occur? Webster Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? On farm in outbuilding that burned (Specify type of place)

While at work? Play (e) Means of injury Fire 2

23. Signature K K Kelley Coroner (M. D. or other)

Address Fordland Mo Date signed 10/5/46

3 44 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6,
District File Number 1046-1050
Date Filed OCT 15 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.