

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5547

State File No.

FILED MAR 14 1947
Registration District No. 5921

Primary Registration District No. 5872 4347

Registrar's No.

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

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Middletown Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ✓ 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 76 yr (Specify whether years, months or days)

In this community 76 yr years, months or days

3. (a) PRINT FULL NAME THEODORE W. KLEINSORGE

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex M

5. Color or race W

6. (a) Single 2 (widowed) married, divorced

6. (b) Name of husband or wife Elizabeth Kleinsorge

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

7. Birth date of deceased 1870 Dec 19 1870
(Month) (Day) (Year)

8. AGE: 76 Years 2 Months 7 Days 1870 Dec 19
If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business ✓

MOTHER FATHER

12. Name Henry Kleinsorge

13. Birthplace St. Louis Co
(City, town, or county) (State or foreign country)

14. Maiden name Not known

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

16. (a) Informant Mrs Carl Gaster

(b) Address Willsville Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 28 1947
(Month) (Day) (Year)

(c) Place: burial or cremation Katharon Cemetery

18. (a) Signature of funeral director R. B. Schubert

(b) Address Middleton Mo

19. (a) Feb 20 1947 (Date received local health officer) (b) Zacharyson (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Montg' 70

(c) City or town Middletown MD
(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 ✓

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 26
year 1947 hour 12 minute 20 A.M.

21. I hereby certify that I attended the deceased from Feb 22,
1947 to Feb 25, 1947;
that I last saw him alive on Feb 25, 1947
and that death occurred on the date and hour stated above)

Immediate cause of death Myocardial heart failure

Due to Senility

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 2000A

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?

While at work? (Specify type of place) (e) Means of injury 2

23. Signature H. P. Titus (Date signed) Feb 25 1947
Address Middle town, Mo.

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.

3059

P. O. Address.

Wellsville 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.