

FILED MAR 14 1947

State File No. \_\_\_\_\_

Registration District No. 249

Primary Registration District No. 5836

Registrar's No. 19

1. PLACE OF DEATH:

(a) County NEWTON  
(b) City or town RURAL  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: NEOSHO TWP. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County NEWTON 73  
(c) City or town RURAL  
(If outside city or town limits, write "RURAL")  
(d) Street No. NEOSHO TWP.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME KATHARINE DROWN KLYVER

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

4. Sex FEM 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife CHARLES H. KLYVER 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased JANUARY 13 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 1 21 hr. min.

9. Birthplace BERRYVILLE WISCONSIN  
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business OWN HOME

12. Name F. F. DROWNS

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

14. Maiden name SARAH BROWN

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

16. (a) Informant G. H. Klyver

(b) Address Neosho Mo.

17. (a) Burial (b) Date thereof 3-7-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Neosho Mo. Cem.

18. (a) Signature of funeral director Conley Thompson

(b) Address Neosho Mo.

19. (a) Mar. 5, 1947 (b) Melvin C. Bortman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 4  
year 1947 hour 4 minute 50 a.m.

21. I hereby certify that I attended the deceased from Feb.  
1946, to Mar 4 1947  
that I last saw her alive on MARCH 3 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Wright C. Coma  
Chronic Nephritis

Due to Carcinoma Cervix uteri

Due to \_\_\_\_\_

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

Major findings:  
Of operations \_\_\_\_\_

Of autopsy HAP

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

(c) 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)  
(c) Means of injury \_\_\_\_\_

23. Signature G. E. Munn (M. D. or other)

Address Neosho Mo. Date signed 3-7-47

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

MOTHER FATHER

**RECEIVED**  
District Health Officer No. *Newton*  
District File Number *347-51*  
Date Filed *8-12-47*

**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 *Cooley Thompson*  
Licensed Embalmer No. *3259*  
P. O. Address *Newsho 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.**