V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 25 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9197

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1188

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 625 East 71st Terrace (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 30 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town K.C. (If outside city or town limits, write "RURAL") 3

(d) Street No. 625 East 71st Terrace (If rural, give location) 8

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ARTHUR W. KLEIN

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Edna Klein

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased May (Month) 5 (Day) 1895 (Year)

8. AGE: Years 51 Months 10 Days 9 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)

10. Usual occupation Merchant

11. Industry or business Dry Goods

FATHER
12. Name J. J. Klein
13. Birthplace (City, town, or county) Hungary (State or foreign country)

MOTHER
14. Maiden name Fanny Weber
15. Birthplace (City, town, or county) Hungary (State or foreign country)

16. (a) Informant Mrs. Edna Klein

(b) Address 625 E. 71st Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/47 (Month) (Day) (Year)

(c) Place: burial or cremation Rose Hill Cemetery

18. (a) Signature of funeral director Carroll Gardner

(b) Address 3024 Troost

19. (a) 3-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month III/14/47 day year hour minute a. M.

21. I hereby certify that I attended the deceased from 3-14, 1947, to 3-14, 1947 that I last saw him alive on III/14/47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address 1310 Bryant Build Date signed III/15/47

(Licensed Embalmer's Statement on Reverse Side)

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.