

S. No. 2
 M-8-43
 5-17-39
 X37823

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

16068

State File No.

FILED MAY 8 1947

Registrar's No. 16

Registration District No. 323

Primary Registration District No. 6059

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

1. PLACE OF DEATH:
 (a) County Saline
 (b) City or town Mt. Leonard
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 25 Years
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Saline 97
 (c) City or town Mt. Leonard 0
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2
 (If rural, give location)
 (e) Citizen of foreign country? No 0
 (Yes or No)
 If yes, name country:

3. (a) PRINT FULL NAME Christina Kleen
 3. (b) If veteran, name war:

3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Martin G? Kleen
 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased: December 9th, 1859
 (Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 8
 If less than one day hr. min.

9. Birthplace: Russia
 (City, town, or county) (State or foreign country)

10. Usual occupation House keeper

11. Industry or business: /

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

16. (a) Informant Ernest Kleen
 (b) Address Mt. Leonard, Mo.

17. (a) Burial (b) Date thereof Mch. 19, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn, Mo.

18. (a) Signature of funeral director Charles R. ...
 (b) Address Marshall, Mo.

19. (a) 3/21/47 (b) Dolly Andrew
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 17
 year 1947 hour 12 minute 5 A.M.

21. I hereby certify that I attended the deceased from FEB 20th, 1947, to 3-17, 1947
 that I last saw her alive on 3-16, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death: CARDIOVASCULAR RENAL DISEASE
 Duration 8 MO

Due to:

Due to:

Other conditions: ASD
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations: ASD
 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?

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

(e) Means of injury: 0

23. Signature Geo A. Keller (M. D. or other)

Address Waverly No Date signed 3-18-47

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 5-7-47

RECEIVED JAN 24 1947
DISTRICT HEALTH OFFICER NO. 8

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, ~~and~~.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed John H. Rainey.....

Licensed Embalmer No. 1171.....

P. O. Address Marshall - 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.)

6-15-5 If this body is not embalmed, fact should be so stated above.