

S. No. 2
-12-45
5-17-39
I X47070

FILED JUL 21 1947

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Mo. Methodist Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **9 days** (Specify whether years, months or days)
In this community **9 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Doniphan 999**
(c) City or town **Elwood** (If outside city or town limits, write "RURAL") **14**
(d) Street No. **Elwood, Kansas** (If rural, give location) **0**
(e) Citizen of foreign country? **No** (Yes or No) **2**
If yes, name country _____

3. (a) PRINT FULL NAME **Virgil Joseph Kleinschmidt**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Alfretta Kleinschmidt** 6. (c) Age of husband or wife if alive **45** years

7. Birth date of deceased **November 24 1885**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 7 18 hr. min.

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

10. Usual occupation **Owner Hatchery**

11. Industry or business **Samuel J. Kleinschmidt**

12. Name **Samuel J. Kleinschmidt**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Riske**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alfretta Kleinschmidt**
(b) Address **Elwood, Kansas.**

17. (a) **Burial** (b) Date thereof **7/14/47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Higginville, Mo.**

18. (a) Signature of funeral director: **Alta - Bowman**
(b) Address **St. Joseph, Mo.**

19. (a) **7-16-47** (b) **K. G. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **12** year **1947** hour **3** minute **20** AM.

21. I hereby certify that I attended the deceased from **August 21, 1946** to **7-12 47** that I last saw him alive on **7-11 1947** and that death occurred on the date and hour stated above.

Immediate cause of death **Obstructive Jaundice Secondary to Large Aortic Abdominal Aneurysm**
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) **None**

Major findings: **Large Aorta**
Of operations **abd. aneurysm**
Of autopsy **none**

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? _____

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

23. Signature **Harold J. Bruner** (M. D. or other) **0**
Address **St. Joseph, Mo.** Date signed **7-14-47**

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

MOTHER FATHER

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.....

Francis J. Myland Jr......, Registered Apprentice No. *444*
working under my personal supervision.

Signed *Frank A. Downing*.....

Licensed Embalmer No. *1710*.....

P. O. Address *St. Louis, Mo. 63104*.....

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.