No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 19 1947
Registration District No. 197

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 24251
Registrar's No. 2935

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3225 Garfield, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 65 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 Garfield 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Peter KLUMP
3. (b) If veteran, name war No
3. (c) Social Security No. NONE
4. Sex Male 2
5. Color or race White
6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Alice A. Klump
6. (c) Age of husband or wife if alive dead years
7. Birth date of deceased October 29th, 1862
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 10 If less than one day hr. min.

9. Birthplace St. Peter Mo. 0
(City, town, or county) (State or foreign country)
10. Usual occupation Retired (15 years)
11. Industry or business Klump Transfer Co.
FATHER
12. Name Phillips Klump
13. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Barbara Unknown
15. Birthplace Unknown Germany 4
(City, town, or county) (State or foreign country)
16. (a) Informant William J. Klump
(b) Address 3225 Garfield, K.C. Mo.
17. (a) Burial (b) Date thereof 7-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Abbey
18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address 1800 Linwood Blvd. K.C. Mo.
19. (a) 7-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th
year 1947 hour 11 minute 00 A M.
21. I hereby certify that I attended the deceased from July 9, 1947 to July 9, 1947
that I last saw him alive on July 9 9am 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary
Chromboses
Due to arteriosclerosis
Due to
Other conditions
(Include pregnancy within 3 months of death)
94a
Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of 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 0
23. Signature J J Davis (M. D. or other)
Address 1010 Pro Z Bld Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

V1 2852

in Frame 11 to 2.
12 of Grand.

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address K. C. 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.