S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27294

Registration District No. 116 Primary Registration District No. 5434 Registrar's No. 111

1. PLACE OF DEATH:
(a) County Franklin
(b) City or town Rural - St. Johns Twp.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Rural
(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 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Franklin
(c) City or town St. Johns Twp. - Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country none.

3. (a) PRINT FULL NAME JOHN STANISLAUS KLUBA.
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 Julia Kluba.
6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased May (Month) 8 (Day) 1867 (Year)

8. AGE: Years	Months	Days	If less than one day
80	3	5.	hr. min.

9. Birthplace Franklin Co. (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer.
11. Industry or business
FATHER
12. Name Paul Kluba
13. Birthplace not known. (City, town, or county) Poland (State or foreign country)
MOTHER
14. Maiden name Frances Kluba.
15. Birthplace not known (City, town, or county) Poland (State or foreign country)
16. (a) Informant Mrs John Kluba.
(b) Address Washington RR 2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-16-47 (Month) (Day) (Year)
(c) Place: burial or cremation Clover Batton Mo
18. (a) Signature of funeral director Otto Co
(b) Address Washington Mo
19. (a) AUG 15 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day X4 13 year 1947 hour 9 minute 00 P M.
21. I hereby certify that I attended the deceased from Aug 1, 47, 19 , to Aug 13, 1947 that I last saw him alive on Aug. 12, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocarditis.	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (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. (M. D. or other)
Address Washington Mo Date signed Aug 15 47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed AUG 27 1947

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 Maurice A. Willenbrink, Registered Apprentice No. 4623, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 2464

P. O. Address Washington 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.