S. No. 2
M—8-43
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 15 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32043

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 316

1. PLACE OF DEATH:
(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 518 North Stewart
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community 3 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Benton
(c) City or town Cole Camp Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 3 Miles East
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Christine Dorris Klindworth
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 Widowed
6. (b) Name of husband or wife Henry J Klindworth
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January (Month) 26th (Day) 1873 (Year)
8. AGE: Years 74 Months 7 Days 16 If less than one day hr. min.
9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
MOTHER FATHER
12. Name Henry Brauer
13. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)
14. Maiden name Anna Bruns
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Earnest Klindworth
(b) Address 518 N. Stewart, Sedalia Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 25, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Brauersville Cemetery
18. (a) Signature of funeral director E. L. Eckhart
(b) Address Cole Camp Mo
19. (a) 9/25/47 (Date received local registrar) (b) Betty Yeager (Registrar's signature) Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 22 year 1947 hour 4 minute 00 P. M.
21. I hereby certify that I attended the deceased from July 23, 1947, to Sept 23, 1947; that I last saw him alive on Sept 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Myocardium — Duration
Due to Myocardial Insufficiency
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:
(c) 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 Byron L. Dunn (M.D. or other) DO
Address Sedalia, Mo Date signed 9-23-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number
Date Filed 10-13-47

STATEMENT BY LICENSED EMBALMER

OCT 14 1947

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 E L Eickhoff

Licensed Embalmer No. 730

P. O. Address Cole Camp 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.