1/47
9-35

National Office of Vital Statistics

STANDARD CERTIFICATE OF DEATH

State File No. 1058478

Registration District No. FILED DEC 15 1947 82

Primary Registration District No. 5684

Registrar's No. 24

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

1. PLACE OF DEATH:
(a) County Linn
(b) City or town Clay Township
(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 (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Linn 58
(c) City or town Clay Township 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELMER LEE KLING
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0
5. Color or race W
6. (a) Single, widowed, married, divorced M /
6. (b) Name of husband or wife Zola Kling
6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased May (Month) 18 (Day) 1897 (Year)

8. AGE: Years 50 Months 6 Days 8 If less than one day hr. min.

9. Birthplace Linn Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation Farmer
11. Industry or business
FATHER
12. Name Z. R. Kling
13. Birthplace Fowler (City, town, or county) Ill / (State or foreign country)
MOTHER
14. Maiden name Eva Hollen
15. Birthplace Fowler (City, town, or county) Ill / (State or foreign country)
16. (a) Informant Mrs Zola Kling
(b) Address R.F.D. Meadeville Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov-29-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Meadeville Mo
18. (a) Signature of funeral director Hill Funeral Home
(b) Address Brookfield Mo
19. (a) Dec 6 1947 (Date received local registrar) (b) Mrs Bridie Kelley 165 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1947 hour 10 minute 15 A.M.
21. I hereby certify that I attended the deceased from Nov 1st, 1947, to Decr, 19..; that I last saw him alive on Nov 26, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary occlusion	6 wks
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autops	

94A

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 Ralph W. Bohnsack (M. D. ~~or other~~)
Address Brookfield Mo. Date signed 11-30-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 J. R. Blacklock

Licensed Embalmer No. 2246

P. O. Address Brookfield 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.