S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 13 1947

Registration District No. 2226

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 4338

State File No. 38993

Registrar's No. 42

1. PLACE OF DEATH:
(a) County: Monroe
(b) City or town: Monroe City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: on Street 3 (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 .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Ball 87
(c) City or town: Hydesburg Rural (If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Owen Klever
3. (b) If veteran, name war .....
3. (c) Social Security No. .....

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Marie
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: Oct (Month) 24 (Day) 1881 (Year)

8. AGE: Years 66 | Months | Days 17 | If less than one day ..... hr. ..... min.

9. Birthplace: Hannibal (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Retired Mail Carrier
11. Industry or business .....

FATHER
12. Name: Chas. Klever
13. Birthplace: Ill. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Pauline Garnett
15. Birthplace: Missouri (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Marie Klever
(b) Address: Hydesburg Mo RR 1
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Grand View Burial Park
18. (a) Signature of funeral director: James C. Bonnell
(b) Address: Hannibal Mo.
19. (a) 11/12/47 (Date received local registrar) (b) Clem Little (Registrar's signature) 2011

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 10 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..... 19 45 to October 28, 19 47 that I last saw him alive on October 28, 19 47 and that death occurred on the date and hour stated above.

| Immediate cause of death: Chronic nephrosclerosis | Duration |
|---|---|
| Due to: | |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: | |
| Of autopsy: | |

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 .....

23. Signature: [illegible] (M. D.)
Address: Palmyra, Mo. Date signed: 11/17/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 16 1947

OCT 22 1948

RECEIVED
District Health Officer No. 10
District File Number 11-47-474
Date Filed NOV 17 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 ....., Registered Apprentice No. ....., working under my personal supervision.

Signed H. M. O'Donnell

Licensed Embalmer No. 3889

P. O. Address Hamilton 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.