

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. 2577

Primary Registration District No. 4411

Registrar's No. 54

1. PLACE OF DEATH:

(a) County Pike

(b) City or town Bowling Green Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home 1
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike 82

(c) City or town Bowling Green
(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 Mary Edson Kleppish

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Female

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Karl Kleppish

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 17 1894
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>52</u>	<u>4</u>	<u>13</u>	hr _____ min _____

9. Birthplace Marshall Mo. (1)
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Bess Blackburn

13. Birthplace Stellbrylle Mo. (1)
(City, town, or county) (State or foreign country)

14. Maiden name Henry Berry

15. Birthplace Mo. (1)
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Chord

(b) Address Bowling Green Mo

17. (a) Burial (b) Date thereof Jan 1 1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bowling Green Mo

18. (a) Signature of funeral director W. J. Danforth

(b) Address Bowling Green Mo

19. (a) 1-8-48 (b) Bill Robinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 20
year 1949 hour 6- minute 40 P.M.

21. I hereby certify that I attended the deceased from _____, 1938, to _____, 1947, that I last saw her alive on 12-29- 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Myeloid carcinoma of breast

Due to breast carcinoma

Due to _____

Other conditions (Include pregnancy within 3 months of death) 40

Major findings: breast carcinoma

Of operations Ch. by cervix

Of necropsy metast. by radium

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide trauma

(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) Manner of injury _____

23. Signature B. Cunningham (M. D. or other) _____

Address Louisiana Mo Date signed 1-6-48

Duration _____

PHYSICIAN _____

Underline the cause of which death should be charged statistically.

MOTHER FATHER

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

RECEIVED
District Health Officer
District File Number 1-48
Date Filed JAN 14 1948

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 _____

Harold C. Kiser

Registered Apprentice No. 4

working under my personal supervision.

Signed Grace Bonfhead

Licensed Embalmer No. 2204

P. O. Address Bowling Green, 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.