S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 24 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Summers

State File No. 1628

Registration District No. 170

Primary Registration District No. 3033

Registrar's No.

53
1
2

1. PLACE OF DEATH:

(a) County Laclede

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

(c) Name of hospital or institution:
Walla ce Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 months (Specify whether
In this community 57 yea rs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Laclede 53

(c) City or town Lebanon 1
(If outside city or town limits, write "RURAL")

(d) Street No. 220 N. Jackson 2
(If rural, give location) 0

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bertha Kleiner

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F /

5. Color or race W

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

6. (b) Name of husband or wife Edward Kleiner

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

7. Birth date of deceased Oct. 12, 1873 (Month) (Day) (Year)

8. AGE: Years 74 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Beutchdorf (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name Theodore Weirauch
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Caroline Kempe
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Mrs. J. H. Easley
(b) Address Lebanon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/14/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lebanon Catholic Cemt.

18. (a) Signature of funeral director Palmers
(b) Address Lebanon, Mo.

19. (a) Jan 17, 1948 (Date received local registrar) (b) Ora Frankeberger (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12
year 1948 hour 9 minute 7 PM.

21. I hereby certify that I attended the deceased from 2 8-14, 1947, to 1-12, 1948
that I last saw her alive on 1-12, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis c arterio sclerosis

Due to

Due to

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

13 B

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? 0
(Specify type of place)

While at work (e) Means of injury

23. Signature J. H. Brimmer (M. D. or other) MD

Address Lebanon Mo Date signed 1-15-48

(Licensed Embalmer's Statement on Reverse Side)

Received 1/22/48

[illegible] Health Unit

[illegible] 1-48-8

Date filed 1/22/48

MAR 3 1946

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 R. L. Palmer, Registered Apprentice No. 8 4, working under my personal supervision.

Signed L. R. Palmer

Licensed Embalmer No. 2208

P. O. Address Lebanon 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.