S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 21 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 3734

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 14

1. PLACE OF DEATH:
(a) County Vernon
(b) City or town Nevada
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 616 South Pine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Vernon 108
(c) City or town Nevada 1
(If outside city or town limits, write "RURAL")
(d) Street No. 616 South Pine 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Mary Elizabeth Klumpp
3. (b) If veteran, name war .....
3. (c) Social Security No. .....
4. Sex M 1
5. Color or race W
6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2
6. (b) Name of husband or wife John Jacob Klumpp
6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased April (Month) 14 (Day) 1872 (Year)

8. AGE: Years 75 Months 8 Days 18 If less than one day ..... hr. ..... min.

9. Birthplace Shelby Co. (City, town, or county) Ohio 1 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business .....
FATHER
12. Name Jacob H. Barkdoll 1
13. Birthplace Baltimore (City, town, or county) Maryland (State or foreign country)
MOTHER
14. Maiden name Minerva Ann Glick
15. Birthplace ——— (City, town, or county) Ohio 1 (State or foreign country)
16. (a) Informant Lonnie A. Klumpp
(b) Address 616 South Pine
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Pleasant Cemetery
18. (a) Signature of funeral director Ferry Funeral Home
(b) Address Nevada, Mo.
19. (a) 1-13-48 (Date received local registrar) (b) Kathryn Yancey (Registrar's signature) 2-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1 year 1948 hour 8 minute 17 P.M.
21. I hereby certify that I attended the deceased from 25 Aug 1947 to 1 Jan 1948 that I last saw her alive on 1 Jan 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Cervix	?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

48P

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) 0
While at work? ..... (e) Means of injury .....
23. Signature Roy W. Frank (M. D. or other) MD
Address Nevada Mo. Date signed 5 Jan 48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No. 7,
District File Number 12-27-2048
Date Filed 1-20-48

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed M E Ferry

Licensed Embalmer No. 1432

P. O. Address Nevada 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.