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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 24 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4026**
Registrar's No. **193**

Registration District No. **42**

Primary Registration District No. **1000**

1. PLACE OF DEATH:

(a) County **Buchanan**
(b) City or town **St. Joseph**
(c) Name of hospital or institution: **State Hospital #2**
(d) Length of stay: **18 yrs - 1 mo - 19 days**
In this community **18 yrs - 1 mo - 19 days**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Buchanan**
(c) City or town **St. Joseph**
(d) Street No. **615 S. 10th Street**
(e) Citizen of foreign country? **No.**

3. (a) PRINT FULL NAME **WILLIAM FRANCIS KLECAN**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased: **December 23 1895**
(Month) (Day) (Year)

8. AGE: Years **52** Months **1** Days **17**
If less than one day hr. min.

9. Birthplace: **St. Joseph Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Farmer**

11. Industry or business: **Packing Co.**

12. Name: **William N. Klecan**

13. Birthplace: **St. Madison Iowa**
(City, town, or county) (State or foreign country)

14. Maiden name: **Mary A. Weber**

15. Birthplace: **St. Joseph Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Hospital record**

(b) Address: **St. Joseph, Mo.**

17. (a) Burial (b) Date thereof: **2/13/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Mt. Olivet Cemetery**

18. (a) Signature of funeral director: **Heaton - Bowman**

(b) Address: **St. Joseph, Mo.**

19. (a) **2-18-48** (b) **E. C. Jenkins**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **10** year **1948** hour **8** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **Feb. 7 - 1948** to **Feb. 10 - 1948** that I last saw him alive on **Feb. 10 - 1948** and that death occurred on the date and hour stated above.

Immediate cause of death: **Bronchial pneumonia** Duration **5 Days**

Due to
Due to

Other conditions: **Cardiac hypertrophy** (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) (2) Means of injury
23. Signature: **George M. Butler** (M. D. or other)
Address: **St. Joseph, Mo.** Date signed: **2/14/48**

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

STATE OF MISSISSIPPI

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 *Francis Joseph Highland Jr.*

Licensed Embalmer No. *64512*

P. O. Address *St. Joseph, 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.