S. No. 2
M—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 4907

Registrar's No. 647

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3811 State Line (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: xx (Specify whether years, months or days)
In this community: 59 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No.: 3811 State Line (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: MRS. ANNA KLOMP
3. (b) If veteran, name war: xx
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Wh
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Henry Klomp
6. (c) Age of husband or wife if alive: xx years
7. Birth date of deceased: January (Month) 21 (Day) 1859 (Year)
8. AGE: Years 89 Months 0 Days ~~8120~~ If less than one day ___ hr. ___ min.
9. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
FATHER 12. Name: No Record
FATHER 13. Birthplace: Germany 4 (City, town or county) (State or foreign country)
MOTHER 14. Maiden name: No Record
MOTHER 15. Birthplace: Germany 4 (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Dan J. McCarthy
(b) Address: 4440 Fairmount
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 2-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St. Mary's
18. (a) Signature of funeral director: J. W. Wagner
(b) Address: Kansas City, Mo.
19. (a) 2-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 11th year 1948 hour 9: minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 2 10 1948, to Feb 11 1948; that I last saw him alive on Feb 10 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Arteio-sclerotic heart disease, Coronary occlusion	1yr; sudden
Due to: General Arteio-sclerosis	10yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 93 d	
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: 0

23. Signature: F. J. O'Connell M.D. (M. D. or other)
Address: 327 Argyle Bldg K.C. Mo. Date signed: 2-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Argyle Bg
VI - 3311
1 to 5

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.