

S. No. 300
OM-10-47
Rev. 5-17-39
I 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 2 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **15754**
Registrar's No. **42**

Registration District No. **73**

Primary Registration District No. **5291**

1. PLACE OF DEATH:
(a) County **Clay**
(b) City or town **Liberty**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution **Odd Fellows Home 5**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 years**
In this community **2 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson 48**
(c) City or town **Kansas City 3**
(If outside city or town limits, write "RURAL")
(d) Street No. **3619 Walnut St. 8**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **George Herman Klenk**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **486-05-4833**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **9**
year **1948** hour **5** minute **50 A.M.**
21. I hereby certify that I attended the deceased from **March 18**
1947 to **May 9** **1948.**
that I last saw him alive on **May 8** **1948.**
and that death occurred on the date and hour stated above.

4. Sex **Male** **5. Color or race** **White** **6. (a) Single, widowed, married, divorced** **Married**
6. (b) Name of husband or wife **May Klenk** **6. (c) Age of husband or wife if alive** **58** years
7. Birth date of deceased **November 11 1985**
(Month) (Day) (Year)

Immediate cause of death **Cerebral Thrombosis** **Duration 10 days**
Due to **Generalized arterio-sclerosis** **10 yrs**
manifested by
Paralysis Agitans (Parkinson's disease) **10 yrs.**
Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years **62** Months **5** Days **28** If less than one day
hr. min.

9. Birthplace **Hermann Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Lumber Dealer**

11. Industry or business _____

12. Name **William Klenk**
13. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Julia Nae**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Institution records**
(b) Address **Liberty Missouri**

17. (a) Cremation **(b) Date thereof** **5-9-1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City, Mo**

18. (a) Signature of funeral director **D.W. Newcomb Sons**
(b) Address **Kansas City, Mo**

19. (a) May 9, 1948 **(b) [Signature]**
(Date received local registrar) (Registrar's signature)

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? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **S.O. Schroeder** **(M. D. or other)** **M.D.**
Address **Liberty, Mo.** **Date signed** **5/9/48**
While at work? _____ (Specify type of place) (e) Means of injury _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

24
0
0

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

6-1-48

JUN 2 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.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Robert Ray

Licensed Embalmer No.

4782

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.