

FILED OCT 5 1948

Registration District No. 31

Primary Registration District No. 4040

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Benton
 (b) City or town Cole Camp
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Moreland Clinic
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 1/2 days
Specify whether
 In this community about 6 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crocker 1
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. 3 1/2 miles South of Smithton
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME CARL CHRIS KLINE

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 widowed
 6. (b) Name of husband or wife Maggie Rugeon Klein 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased Sept 26 - 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>0</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace Morgan Co. MO
(City, town, or county) (State or foreign country)

10. Usual occupation Farming

11. Industry or business _____

12. Name John Klein 4

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Marie Meirs

15. Birthplace Morgan Co. MO
(City, town or county) (State or foreign country)

16. (a) Informant Mrs. Gladys Verto

(b) Address Smithton MO

17. (a) Interment Burial (b) Date thereof Oct 1 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Creek Cem

18. (a) Signature of funeral director A. F. Neumeyer

(b) Address Smithton MO

19. (a) 9-29-1948 (b) E. E. Eickhoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 29
 year 48 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from 9-28-48
 _____, 19____, to 9-29-48, 19____;

What I last saw him alive on 9-29-48, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Myocardial Failure

Due to Intestinal Obstruction

Due to _____

Other conditions (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? _____
(City or town) (County) (State)

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

While at work? _____
(Specify type of place) (e) Means of injury _____

23. Signature G. W. Moreland (M. D. or other) MD

Address Cole Camp, MO Date signed 9-29-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

RECEIVED

District Health Officer No. 7

District File Number 9-48-1146

Date Filed 10-4-68

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 *A. F. Nemmeyer*

Licensed Embalmer No. 3912

P. O. Address *Smithton Int*

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.