S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29073

FILED SEP 17 1948

Registration District No. 47

Primary Registration District No. 5768

Registrar's No. 239

1. PLACE OF DEATH:
(a) County CALLAWAY
(b) City or town Rural McCredie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of ~~hospital or institution~~: State Highway #40 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Life time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Montgomery 70
(c) City or town Rural Big Springs
(If outside city or town limits, write "RURAL")
(d) ~~Street No.~~ Big Springs
(If rural, give location)
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME William Fred Klusmeyer
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race White
6. (a) Single, ~~widowed, married, divorced~~ U
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased May (Month) 16 (Day) 1874 (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day ..... hr. ..... min.

9. Birthplace Big Springs (City, town, or county) Missouri (State or foreign country)
10. Usual occupation FARMER
11. Industry or business
FATHER
12. Name Charles Klusmeyer
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country) 4
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant Matilda Klusmeyer
(b) Address McKittick, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof September 1, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Big Springs
18. (a) Signature of funeral director Schlenk Mortuary
(b) Address Montgomery City, Mo.
19. (a) Aug 30-1948 (Date received local registrar) (b) Josie Morsenkhoff (Registrar's signature) 38

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 30
year 1948 hour 2 minute 03 P.M.

21. I hereby certify that I attended the deceased from March 4, 1948 to August 30, 1948; that I last saw him alive on August 30, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary embolus	34 hrs
Cerebral embolism	34
Due to Chronic encarditis	Sev. yrs
Due to	
Other conditions Chronic nephritis, paralysis agitans, senility (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 131 B	

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 2
Signature C. H. Thompson (M. D. or other) D.O.
Address New Florence, Mo. Date signed 8-31-1948

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. 9,
District File Number
Date Filed SEP 15 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 E. Boone Schlanker

Licensed Embalmer No. 4136

P. O. Address Montgomery 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.