S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1948

Registration District No. 294

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3056

State File No. 30693

Registrar's No. 246

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

1. PLACE OF DEATH:
(a) County Randolph
(b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Woodland Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 70 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Randolph
(c) City or town Moberly
(If outside city or town limits, write "RURAL")
(d) Street No. 723 So Clark
(If rural, give location)
(e) Citizen of foreign country? ____ (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Josephine A. Klein
3. (b) If veteran, name war ✓
3. (c) Social Security No. ✓
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife William R. Klein
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased Jan. 1st 1875
(Month) (Day) (Year)

8. AGE: Years 73 Months 8 Days 20 If less than one day ____ hr. ____ min.

9. Birthplace ____ (City, town, or county) Ill (State or foreign country)
10. Usual occupation Athome
11. Industry or business ____
FATHER
12. Name Gerard Epping
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Anna Heddinghaus
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)
16. (a) Informant Mrs Henry Pearman
(b) Address Moberly, Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Moberly
18. (a) Signature of funeral director Mahan and Son
(b) Address Moberly, Mo
19. (a) 9-23-48 (Date received local registrar) (b) Leah Williams Lowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 21
year 1948 hour 12 55 PM minute ____ M.
21. I hereby certify that I attended the deceased from April, 1946, to 21 Sept, 1948
that I last saw her alive on 21 Sept, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mesenteric thrombosis	2 days
Due to: Undetermined	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Arteriosclerosis, Hypertension and Diabetes Mellitus	

Major findings:
Of operations ____
Of autopsy Mesenteric thrombosis

PHYSICIAN
Underline the cause to 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 ____
23. Signature [signature] (M. D. [redacted])
Address Moberly, Mo. Date signed 21 Sept 48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 10
District File Number 9-48-1688
Date Filed SEP 28 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 Frank D DeWitt

Licensed Embalmer No. 3021

P. O. Address Moberly 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.