S. No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 7 1948

Registration District No. 324

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31706

Primary Registration District No. 3072

Registrar's No. 197

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

1. PLACE OF DEATH:

(a) County Saline

(b) City or town Rural, Marshall, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Marshall, Township Marshall, Route #3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 50 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline 97

(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. Marshall, Route #3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George William Klinger

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 Married

6. (b) Name of husband or wife Ruth Velma Klinger

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased April (Month) 26 (Day) 1884 (Year)

8. AGE: Years 64 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Klinger
13. Birthplace St. Charles Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Malvina Baer
15. Birthplace Hermann (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Klinger

(b) Address Marshall, Route #3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 10, 1948 (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park Cemetery

18. (a) Signature of funeral director Campbell-Lewis

(b) Address Marshall, Mo.

19. (a) Sept 9-1948 (Date received local registrar) (b) Sidney T. Gray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep day 7 year 48 hour 11 minute 45 P.M.

21. I hereby certify that I attended the deceased from Feb 1, 1948, to Sept 7, 1948 that I last saw him alive on Sept 5, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mitral Regurgitation	8 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Hypertension	6 yrs

Major findings:
Of operations —
Of autopsy

92 B

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. or other)

Address Marshall Date signed 9/9/48

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,

District File Number _____

Date Filed 10-6-48

NOV 18 1949

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 R. V. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address Marshall 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.