No. 2
1-4-41
5-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 12 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

41053

State File No.

Registration District No. 276 Primary Registration District No. 4410 Registrar's No. 64

1. PLACE OF DEATH
(a) County: Phelps
(b) City or town: Rural St James Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo (b) County: Phelps
(c) City or town: Rural St James Township
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Jessie M Klossner
3. (b) If veteran, name war: ✓
3. (c) Social Security No.: ✓

4. Sex: F
5. Color or race: W
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Feb (Month) 9 (Day) 1893 (Year)

8. AGE: Years 55 Months 10 Days 12 If less than one day hr. min.

9. Birthplace: Cuba (City, town, or county) Mo (State or foreign country)
10. Usual occupation: nurse
11. Industry or business:
FATHER 12. Name: John W Klossner
13. Birthplace: Cannon (City, town, or county) Mo (State or foreign country)
MOTHER 14. Maiden name: Malissa E Scantlin
15. Birthplace: Redbird (City, town, or county) Mo (State or foreign country)
16. (a) Informant: Sadie Glenn
(b) Address: St James Mo
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 12-24-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cem
18. (a) Signature of funeral director: O E Leickle
(b) Address: St James Mo
19. (a) Date received local registrar: Jan-3-49 Registrar's signature: Cora E Birmingham

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 21 year 1948 hour minute M.

21. I hereby certify that I attended the deceased from December 1, 1948 to December 21, 1948 that I last saw her alive on December 16, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of stomach	4 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: Inoperable carcinoma of stomach
Of autopsy:

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: C W Hammler (M. D.)
Address: St James, Mo Date signed: 1-3-49

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
Phelps County Health Officer,
County File Number
Date Filed 1-10-49

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 me, Registered Apprentice No. ....., working under my personal supervision.

Signed Orell E. Lickleder

Licensed Embalmer No. 3546

P. O. Address St James Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.