

FILED FEB 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 823

BIRTH NO. 49-001201 REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 23

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| 1. PLACE OF DEATH a. COUNTY <u>Franklin</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | c. LENGTH OF STAY (In this place) <u>1 da.</u> | c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hosp.</u> | | d. STREET ADDRESS (If rural, give location) <u>Rt. 2</u> | |

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| 3. NAME OF DECEASED a. (First) <u>WANDA</u> | b. (Middle) <u>LEE</u> | c. (Last) <u>KLINGSICK</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 2 1949</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u> | 8. DATE OF BIRTH <u>Feb 1, 1949</u> | 9. AGE (In years last birthday) <u>0</u> Months <u>0</u> Days <u>0</u> Hours <u>0</u> Mins. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>none</u> | 11. BIRTHPLACE (State or foreign country) <u>Washington, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>John W. Klingsick</u> | 13b. MOTHER'S MAIDEN NAME <u>Mary Schroeffer</u> | 14. NAME OF HUSBAND OR WIFE <u>none</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) <u>no</u> | 16. SOCIAL SECURITY NO. <u>none</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>John W. Klingsick, Washington, Mo.</u> | ADDRESS <u>Washington, Mo.</u> |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Adularia Lunga</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Impure air & miasm</u> | | |
| | DUE TO (c) <u>Prolonged labor</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>16</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>0</u> |
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22. I hereby certify that I attended the deceased from Feb 1, 1949, to Feb 2, 1949, that I last saw the deceased alive on Feb 2, 1949, and that death occurred at 9:20 a. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>J. W. Munch</u> (Degree or title) <u>M.D.</u> | 23b. ADDRESS <u>Washington Mo</u> | 23c. DATE SIGNED <u>2-3-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Feb 3, 1949</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Clover Bottom near Washington, Mo.</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb 3, 1949</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>99</u> ADDRESS <u>Nieburg & Witt, Washington, Mo.</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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RECEIVED
District Health Officer No. 9,
District File Number
Date Filed FEB 10 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Lester A. With

Signed _____
Student Embalmer

Licensed Embalmer No. *3254*

P. O. Address *Washington, 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.