

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1518

State File No. ....

FILED FEB 8 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5372 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> <u>UG</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Little Blue Prairie</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Independence</u>	
c. LENGTH OF STAY (in this place) <u>1 weeks</u>		d. STREET ADDRESS (If rural, give location) <u>RR 3, Box 550</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Emergency Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Albert</u>	b. (Middle) <u>K</u>	c. (Last) <u>Klee</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 15, 1949</u>
---	----------------------	-----------------------	---

5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21, 1873</u>	9. AGE (in years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>6</u> Days <u>24</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Self employed</u>	11. BIRTHPLACE (State or foreign country) <u>Hermann, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>American</u>
---	--	---	--

13a. FATHER'S NAME <u>Willard Klee</u>	13b. MOTHER'S MAIDEN NAME <u>Matilda Kattelmann</u>	14. NAME OF HUSBAND OR WIFE <u>Louise M. Klee</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Louise M. Klee</u>	ADDRESS <u>RR 3, Independence, Mo.</u>
--	-------------------------------------	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Wrennia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular renal disease</u> DUE TO (c) <u>Bone tumor rt. humerus months</u>		<u>yes.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Wt 24</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
------------------------	---	---

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)
--	--	---

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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from 7 Jan 1949, to 15 Jan 1949, that I last saw the deceased alive on 15 Jan 1949, and the death occurred at 9:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Frank E. Trehan</u>	(Degree by title)	23b. ADDRESS <u>Mo. Jack Co. Hosp.</u>	23c. DATE SIGNED <u>17 Jan 49</u>
---------------------------------------	-------------------	--	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/19/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hermann, Mo.</u>
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-17-49</u>	REGISTRAR'S SIGNATURE <u>Donald C. Eamshaw</u>	378	25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. C. Carson</u>	ADDRESS <u>Independence, Mo.</u>
---	--	-----	--	----------------------------------

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

**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.

Student .....  
Student Embalmer

Signed Charles J. Tyb.....

Licensed Embalmer No. 4534.....

P. O. Address Quincy MD......

**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.**