

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19633**

FILED JUN 25 1949

Registrar's No. **2533**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1001</u>		Registrar's No. 2533	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 2 hrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		d. STREET ADDRESS (If rural, give location) 3 m. East Parkville	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1				d. STREET ADDRESS (If rural, give location) 3 m. East Parkville			
3. NAME OF DECEASED (Type or Print) a. (First) DAN b. (Middle) (None) c. (Last) KLAMM			4. DATE OF DEATH (Month) (Day) (Year) 6-10-49				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married		8. DATE OF BIRTH 4/9/1873	
9. AGE (In years last birthday) 76		IF UNDER 1 YEAR Months 2 Days 7		IF UNDER 1 WKS. Hours Min. 		11. BIRTHPLACE (State or foreign country) Parkville mo.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Carpenter			10b. KIND OF BUSINESS OR INDUSTRY Train.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Phillip Klammm			13b. MOTHER'S MAIDEN NAME Susie Klammm		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Hosp. Records - K.C. Mo			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured duodenal ulcer ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized peritonitis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 5410					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 <u>June 10, 1949</u> , to <u>6-10, 1949</u> , that I last saw the deceased alive on <u>6-10, 1949</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Buhler (Degree or title)				23b. ADDRESS Gen. Hosp. # 1		23c. DATE SIGNED	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE June 13-49		24c. NAME OF CEMETERY OR CREMATORY Serman Cemetery		24d. LOCATION (City, town, or county) (State) Parkville Mo	
DATE REC'D BY LOCAL REG. 6-11-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leland K. Francis			

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, ~~_____~~

working under my personal supervision.

Student Embalmer No.

Signed

Leland H. Francis

Signed.....

Student Embalmer

Licensed Embalmer No. *3451*

P. O. Address *Parkville 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.