

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 19486

FILED JUL 2 - 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 8117	
c. LENGTH OF STAY (in this place) 61 years		d. STREET ADDRESS (If rural, give location) 901 South 22nd Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 901 South 22nd Street		901 South 22nd Street	

3. NAME OF DECEASED (Type or Print) Herman			a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH June 21, 1951 (Month) (Day) (Year)		
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5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) married		8. DATE OF BIRTH June 15, 1867		9. AGE (In years last birthday) 84		10. UNDER 1 YEAR Months		11. UNDER 12 HRS. Hours		12. UNDER 1 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist retired				10b. KIND OF BUSINESS OR INDUSTRY C.B. & Q. Railroad				11. BIRTHPLACE (State or foreign country) Germany				12. CITIZEN OF WHAT COUNTRY? USA			
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13a. FATHER'S NAME Christian Klawuhn				13b. MOTHER'S MAIDEN NAME Anna Wilshewski				14. NAME OF HUSBAND OR WIFE Hulda Klawuhn			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO. none				17. INFORMANT'S SIGNATURE OR NAME Mrs. Hulda Klawuhn, Sr., St. Joseph, Mo				ADDRESS			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, Generalized										Unknown	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES											
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.											
		DUE TO (b) 4500											
		DUE TO (c)											
		II. OTHER SIGNIFICANT CONDITIONS											
		Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy										Unknown	

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)				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from June 15, 1951, to June 21, 1951, that I last saw the deceased alive on June 18, 1951, and that death occurred at 8:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. Redwood, Mrs.				23b. ADDRESS St. Joseph, Mo.				23c. DATE SIGNED 6/23/51			
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/25/1951		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery				24d. LOCATION (City, town, or county) (State) St. Joseph Missouri			
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DATE REC'D BY LOCAL REG. June 28, 1951		REGISTRAR'S SIGNATURE 446 Carl G. Cash				25. FUNERAL DIRECTOR'S SIGNATURE Heaton-Bowman Funeral Home				ADDRESS St. Joseph, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 James P. Hawkins .....

Licensed Embalmer No. 4531 .....

P. O. Address 319 S. 10<sup>th</sup> St. Kansas .....

**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.