

FILED JUN 30 1951

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

2025
State File No. 2537

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 35 Yrs		d. STREET ADDRESS (If rural, give location) 1022 Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) Florence		a. (First)		b. (Middle)		c. (Last) Klassen		4. DATE OF DEATH (Month) (Day) (Year) June 13 1951	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2		8. DATE OF BIRTH February 2 1896		9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Barnard		13b. MOTHER'S MAIDEN NAME W Emma Law		14. NAME OF HUSBAND OR WIFE Jacob Klassen	
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 J. Raymond Klassen	
				ADDRESS Kansas City, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line under (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause unknown		DUPLICATE			
ANTECEDENT CAUSES		DUE TO (b) Acute toxic hepatitis			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) probably infectious			
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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 June 6, 1951, to June 13, 1951, that I last saw the deceased alive on June 13, 1951, and that death occurred at 4:45A.M. from the causes and on the date stated above.

23a. SIGNATURE Edward C. Teubel MD (Degree or title)		23b. ADDRESS 4304 Grand St. Kansas City, Mo.		23c. DATE SIGNED June 14 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U		24b. DATE June 16 1951		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster		ADDRESS Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 6-14-51		REGISTRAR'S SIGNATURE Seraldine Holmes			

(Licensed Embalmer's Statement on Reverse Side)

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

1904 book
11:30 P.M.
Dec 14 1924

J. Virgil Herrick

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 *J. Virgil Herrick*

Licensed Embalmer No. 3599

P. O. Address K. Co. 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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of Jackson } ss.

State File No. 20225

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 2537

On this 28th day of December, 1951, before me appears Mr. J. Raymond Klassen, who, upon his oath, states that the original record of ^{birth} death for Mrs. Florence Klassen died Gene 13, 1921, in the State of Missouri, and which was filed at St. C. mo. on 6-14, 1951, should be corrected as follows:

Item No. 8 should read February 2-1897

Instead of February 2-1896

Item No. 9 should read 54 yrs

Instead of 55 yrs.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant J. Raymond Klassen son Relationship.

1022 Monroe Present Address.

Subscribed and sworn to before me this 28th day of December, 1951

My Commission expires My Commission Expires June 26, 1954 Theron A. Redman Notary Public.