

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27489**

0242
0
BIRTH NO. **8-1952**

REG. DIST. NO. **91** PRIMARY REG. DIST. NO. **2012** Registrar's No. **118**

1. PLACE OF DEATH a. COUNTY Clay			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Adams								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Excelsior Springs, Mo.		c. LENGTH OF STAY (In this place) 2 mos. 27 da.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quincy 8120								
d. FULL NAME OF HOSPITAL OR VETERANS ADMINISTRATION HOSP. INSTITUTION Excelsior Springs, Missouri			d. STREET ADDRESS (If rural, give location) 302 Hampshire 8								
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) - c. (Last) Klinkradt			4. DATE OF DEATH (Month) (Day) (Year) August 25, 1952								
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 1, 1895	9. AGE (In years last birthday) 57	<table border="1"> <tr> <td># UNDER 1 YEAR</td> <td># UNDER 10 HRS</td> </tr> <tr> <td>Months</td> <td>Days</td> </tr> <tr> <td>Hours</td> <td>Mins.</td> </tr> </table>	# UNDER 1 YEAR	# UNDER 10 HRS	Months	Days	Hours	Mins.
# UNDER 1 YEAR	# UNDER 10 HRS										
Months	Days										
Hours	Mins.										
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber		10b. KIND OF BUSINESS OR INDUSTRY Barbering	11. BIRTHPLACE (City and State or Foreign Country) Bloomington, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.						
13a. FATHER'S NAME John Klinkradt		13b. MOTHER'S MAIDEN NAME Nellie Oxender		14. NAME OF HUSBAND OR WIFE -							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I		16. SOCIAL SECURITY NO. 354104028	17. INFORMANT'S SIGNATURE OR NAME VA Hospital Records ADDRESS -								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Tuberculosis, pulmonary, chronic, far advanced *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. DUE TO (b) - DUE TO (c) -			MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown						
19a. DATE OF OPERATION -			19b. MAJOR FINDINGS OF OPERATION -		20. AUTOPSY? 002x RAL 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 4, 1952 , to Aug. 25, 1952 , and that death occurred at 7:05 p. m. , from the causes and on the date stated above.											
23a. SIGNATURE Joshua Seidel (Degree or title) M.D.			23b. ADDRESS Excelsior Springs, Missouri		23c. DATE SIGNED 8-26-52						
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 8-26-52	24c. NAME OF CEMETERY OR CREMATORY Beck Memorial Home	24d. LOCATION (City, town, or county) (State) Bloomington Ill.								
DATE REC'D BY LOCAL REG. 8-26-52	REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE De Mass Creek, Cameron Mo. ADDRESS -								

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

JPS

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 Harold P. Walker

Licensed Embalmer No. 4588

P. O. Address Lathrop, 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.