

FILED MAR 13 1945
37

Registration District No. _____

Primary Registration District No. 4213

Registrar's No. 41

1. PLACE OF DEATH:

(a) County Henry
(b) City or town Montrose Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Henry
(c) City or town Rural Montrose
(If outside city or town limits, write "RURAL") 42
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? 3 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

JOHN KALWEI

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 16 1874
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>70</u>	<u>8</u>	<u>25</u>	hr. _____ min. _____

9. Birthplace Mo. (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Kalwei
13. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4
14. Maiden name Klemm
15. Birthplace Germany (City, town, or county) _____ (State or foreign country) 4

16. (a) Informant Ben Kalwek
(b) Address Montrose, Mo.

17. (a) Burial (b) Date thereof Feb 12 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Montrose Mo

18. (a) Signature of funeral director Wesley Bess

(b) Address Montrose, Mo

19. (a) February 13 1945 (b) Ivy Kitcher Deputy
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9
year 1945 hour 8 minute 0 A. M.

21. I hereby certify that I attended the deceased from Aug 1 1944 to Feb 9 1945
that I last saw him alive on Feb 5 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Chronic Nephritis
Cerebral Embolus
Due to Hypertension
Due to Chronic Nephritis
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: _____
Of operations: 1 3 1 0
Of autopsy: _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ (c) Means of injury _____

23. Signature R. L. Hanson (M. D. or other) M.D.
Address Expatriate City Mo Date signed 2-10-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

12
00

1009

Date Filed

2-45-16-5

3-9-45

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 JMC

on the 9 day of Feb - 1945

Registered Apprentice No.

working under my personal supervision

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Applenton City - In

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.