

300
10-47
7-39
3906

FILED AUG 5 1948

Registration District No. _____

Primary Registration District No. 3023

Registrar's No. 162

1. PLACE OF DEATH:

(a) County Henry

(b) City or town CLINTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution;
510 Bodine
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether)

In this community life
years, months or days

3. (a) PRINT FULL NAME ADELLA D. KLUTZ

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Louison M. Klutz

6. (c) Age of husband or wife if alive Dead years

7. Birth date of deceased Jan 24 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 6
If less than one day hr. _____ min. _____

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

10. Usual occupation Housekeeper

11. Industry or business _____

12. Name Wm. McKeeney

13. Birthplace Folia
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Phiney

15. Birthplace Ind.
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret Klutz

(b) Address Clinton, Mo.

17. (a) Burial (b) Date thereof 8-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Englewood Cem

18. (a) Signature of funeral director J. A. Vaisant

(b) Address Clinton

19. (a) 7-31-1948
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Henry

(c) City or town Clinton
(If outside city or town limits, write "RURAL")

(d) Street No. Bodine Ave, 510
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1948 hour 10 PM minute _____ M.

21. I hereby certify that I attended the deceased from Many Years, 19____, to 7/30/48, 19____;
that I last saw her alive on 7/28/48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Pulmonary Edema
Uraemia

Due to Mitral Disease
Atheroma

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

Duration _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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)
(e) Means of injury _____

23. Signature Ed. P. Desler M.D.
(M. D. or other)
Address Clinton, Mo. Date signed 7-31-48

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

MOTHER FATHER

RECEIVED :
District Health Officer No. 7,
District File Number 7-42-88-
Date Filed 8-4-48

JUN 15 1948

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~~
....., Registered Apprentice No.
working under my personal supervision.

Signed N. L. Varsant

Licensed Embalmer No. 3779

P. O. Address Clinton

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.