

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

National Office of Vital Statistics

FILED JAN 14 1948

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 81

1. PLACE OF DEATH:

(a) County Moniteau

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

(c) Name of hospital or institution: 304 South Oak /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Hanson City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1316 Prospect 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH KATHRYN KLEIN

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: March 19 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>9</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace: Moniteau Co. Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation: Factory Worker

11. Industry or business: Overglaze factory

12. Name: John Klein

13. Birthplace: Moniteau Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name: Julia Fischer

15. Birthplace: Moniteau Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant: J. Ada Klein

(b) Address: St. Francis Home 944

17. (a) none (b) Date thereof: 12-26-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: burial Cedron

18. (a) Signature of funeral director: A. E. Wilson

(b) Address: California Mo.

19. (a) 12-24-48 (b) W. R. Popejoy
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 24
year 1947 hour 7 minute A M.

21. I hereby certify that I attended the deceased from Sept 3
1947, to Dec 24 1947,
that I last saw her alive on Dec 23 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of colon with metastases

Due to _____

Due to _____

Other conditions: 46
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of colon

Of operations _____

Of autopsy _____

Duration

6 months

PHYSICIAN

Underline the cause of 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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature: Raymond Latham (M. D. or other) _____
Address: California, Mo. Date signed: 12-24-47

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

MOTHER: FATHER:

MAR 11 1950

Date Filed 1/12/48
District File Number

District Health Officer No. 9,
RECEIVED

DEC 9 1949

JAN 7 6 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 A. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California, 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.