S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24506

FILED AUG 29 8 1946

Registration District No. ____ Primary Registration District No. 5850-4389

Registrar's No. ____

1. PLACE OF DEATH:

(a) County Osage
(b) City or town Linn, (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: At Home / (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 79 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Osage 76
(c) City or town Linn (If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location) —
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country ____

3. (a) PRINT FULL NAME Jos Eph Kloeppel
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 Widower
6. (b) Name of husband or wife Louisa Falkenbusch 6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased March 19th, 1867 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
79	4	8	____ hr. ____ min.

9. Birthplace Loose Creek, (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired
11. Industry or business ____

FATHER
12. Name John J. Kloeppel
13. Birthplace ____ (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna Kloeppel
15. Birthplace ____ (City, town, or county) Germany (State or foreign country)

16. (a) Informant Miss. Isabelle Kloeppel
(b) Address Linn, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/31/46 (Month) (Day) (Year)
(c) Place: burial or cremation Linn, Mo.
18. (a) Signature of funeral director Clyde Morton
(b) Address Box 144, Linn, Mo.
19. (a) Jul 29-46 (Date received by local registrar) (b) Za Dumouchelle (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27th, year 1946 hour 6 minute 55 P.M.
21. I hereby certify that I attended the deceased from 10-15-1945 to 7-26-1946 that I last saw h. alive on 7-26-1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hypostatic Pneumonia	72 hrs
Due to Cerebral Hemorrhage	14 days.
Due to Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death) Chronic Enteritis	

Major findings:
Of operations ____
Of autopsy ____

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 Hobart W. Baldwin (M. D. or other) DO
Address Linn, Mo. Date signed 7-30-46

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number 8-16-46
8-7-46
Date Filed

AUG 22 1946

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 Vernon M Morton

Licensed Embalmer No. 4125

P. O. Address Linn 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.