FILED MAR 16 1942

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7614
Do not use this space.

1. PLACE OF DEATH
(a) County Ray — Registration District No. 740
(b) Township Crooked River — Primary Registration District No. 740144 — Registered No. 3
(c) City Hardin — (d) Street No. 1 84 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John J. Kallenburger
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ida Vogt
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 9, 1857
7. AGE: Years 84 Months 9 Days 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1940
11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Circleville, Ohio

FATHER
13. NAME George Kallenburger
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenburg, Germany

MOTHER
15. MAIDEN NAME Rathgyn Hileman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wittenburg Germany

17. INFORMANT Mrs. Bertha Clark
(ADDRESS) Hardin, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Norborne DATE 2-27 1942

19. FUNERAL DIRECTOR J. N. Knipschild
(ADDRESS) Hardin, Mo.

20. FILED ....., 19.....
Local Registrar

1280

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25, 1942

22. I HEREBY CERTIFY, That I attended deceased from 10-1, 1941, to 2-25, 1942
I last saw him alive on 2-23, 1942. Death is said to have occurred on the date stated above, at 9 a.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach — Date of onset

Other contributory causes of importance: 46 f

Name of operation None — Date of
What test confirmed diagnosis? Clinical & X-Ray — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ....., 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Carl H Reed, M. D.
(Address) Hardin, Mo.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very imp

I X12004

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 3-13-42

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed John W. Knipschild

Licensed Embalmer No. 2789

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.)

. S. No. 2B
DM—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7614

Registration District No. 746 Primary Registration District No. 4442 Registrar's No.

1. PLACE OF DEATH:
(a) County: Ray
(b) City or town: Lawson
(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 years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County:
(c) City or town: Lawson, Rural
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: John J. Kallenburger
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: May (Month) 9 (Day) 1858 (Year)
8. AGE: Years 84 Months 9 Days If less than one day: hr. min.
9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business
MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) Feb 26, 1942 (Date received local registrar) (b) Chas. W. Shepard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb Day 26 year 1942 hour minute M.
21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (c) Means of injury
23. Signature (M. D. or other)
Address Date signed

SUPPLEMENTARY