

S. No. 300
M-10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 17 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41079

Registration District No. 280

Primary Registration District No. 6-964

Registrar's No. 28

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

13
0

1. PLACE OF DEATH:

(a) County Platte

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

(c) Name of hospital or institution:
5 mi East Parkville
(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 years, months or days) 60 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Platte 83

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

(d) Street No. 5 mi East of Parkville
(If rural, give location)

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

If yes, name country _____

3: (a) PRINT FULL NAME Ermano Omar Brecklein

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17
year 1948 hour 5 minute 10 M.

21. I hereby certify that I attended the deceased from Sept 1 1948 to Nov 17 1948
that I last saw him alive on Nov 17 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color White

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

6. (b) Name of husband or wife Anna Klappm

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased June 3 1881
(Month) (Day) (Year)

Immediate cause of death

Due to Arteriosclerosis 2 hrs

Due to Chr. Nephritis 1 1/2

8. AGE: Years Months Days If less than one day

67 5 14 hr. min.

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

10. Usual occupation Farmer

11. Industry or business Grain

12. Name Robert Brecklein

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

14. Maiden name Margaret Meyer

15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr J.C. Hauck

(b) Address 7001 Sycamore St. K.C. Mo

17. (a) Burial (b) Date thereof Nov 24-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln - Parkville

18. (a) Signature of funeral director Leland A. Francis

(b) Address Parkville Mo

19. (a) 11-20-48 (b) Ermano Brecklein
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy 131B

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 J. E. Halden (M. D. certifier)

Address 922 Walnut Date signed 11/20/48

