

Federal Security Agency
U. S. Public Health Service

INDIANA STATE BOARD OF HEALTH

Division of Vital Records

CERTIFICATE OF DEATH

Local No. A 1420

Registered No. 4555

1. PLACE OF DEATH:

County Huntington Co Ind ²³⁵

City or town Huntington Ind.
(If outside city or town limits, write RURAL)

Street address, hospital, or institution:
1518 Canfield - - - x

Stay in hospital or inst. (yrs. or mos., or days) _____

Stay in this community (yrs. or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Indiana County Huntington

City or town Huntington 23561
(If outside city or town limits, write RURAL)

Street No. 1518 Canfield St.
(If rural give LOCATION)

2. (a) IF VETERAN, NAME WAR _____

3. (a) FULL NAME

William J Klinges

3. (b) Social Security Number

1. Sex Male

5. Color or race W.

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

6. (b) Name of husband or wife Mary C Klinges

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) Feb. 13-1865

8. AGE: Years 83 Months 0 Days 2
If less than one day _____ hrs. _____ min.

9. Birthplace Ohio
(Town, county and state)

10. Usual occupation Bakery Goods Salesman

11. Industry or business 5

12. Name Samuel Klinges

13. Birthplace Ohio

14. Maiden name Elija Pyle

15. Birthplace Ohio

16. Informant Mary C Klinges

Address 1518 Canfield St.

17. Burial Date thereof Feb. 18-1948
(Burial, cremation, or removal, which?) (month) (day) (year)

Cemetery or crematory Reform

Location Huntington Ind

18. Funeral director Pallo F Pughnis

Address Huntington Ind

Filed 2-18 1948 R. J. Halbreath, M.D.
SBH 0-24-2 (46-10CM) Health Officer

ATTENDING PHYSICIAN'S CERTIFICATION

20. Date of Death Feb 15-14 ⁴⁸ 1948, at 4:45-AM M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-15, 1945 to 2-15, 1948 and that I last saw him alive on 2-14, 1948

Immediate cause of death Intestinal obstruction
Pulmonary edema

Due to myocarditis

Other conditions 093E-012-1112
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. VIOLENCE: If death was due to external causes fill in the following:
Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Injured at work? _____ Means of injury _____

23. Signature Paul M Gray M. D.
Address Huntington Date signed 2-16-48
(Dr Gray)

PLACE OF DEATH MEANS WHERE PERSON ACTUALLY DIED NOT WHERE LIVED
EMBALMER'S NAME Pallo F Pughnis
LICENSE NO. 3178
FUNERAL DIRECTOR'S LICENSE NO. 1420