

REC'D FEB 21 1939

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

2455  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Henry Registration District No. 348  
(b) Township Craig Primary Registration District No. 5486 Registered No. 296  
(c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ 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

4570 Thomas Lynn Cline  
(a) Residence, No. \_\_\_\_\_ St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) \_\_\_\_\_

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 17, 1939

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. \_\_\_\_\_  
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) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownington

FATHER 13. NAME Seigle Thomas Cline

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownington

MOTHER 15. MAIDEN NAME Clara Bernice Croy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gallatin

17. INFORMANT (ADDRESS) J. C. Croy, 7 Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Zion DATE Jan 15, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. A. Pickett, Brownington, Mo.

20. FILE NO. Jan 15, 1939 C. N. Taylor, Mo. Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 15, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1939, to Jan 15, 1939

I last saw him alive on January 14, 1939. Death is said to have occurred on the date stated above, at 2:15 a. m.

The principal cause of death and related causes of importance were as follows:

Incomplete Closure of Foramen Ovale (of Heart) at Birth  
Date of onset 1/7/39

Other contributory causes of importance: 157C

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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 \_\_\_\_\_, 1939

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? \_\_\_\_\_

If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.

(Address) Brownington, Mo.

RECEIVED  
District Health Officer No. 7,  
District File Number 7-39-196  
Date Filed 2-7-39

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**