

660 APR 17 1939

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

9572
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 375
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City, Mo (d) Street No. 410 South Drury 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.

Registered No. 1178

2. PRINT FULL NAME Charles C. Cline

(a) Residence, No. 410 South Drury 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Belle Cline

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22, 1846

7. AGE YEARS 92 MONTHS 10 DAYS 21 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
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) Canada

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Peter B. Lapetina (ADDRESS) 536 Campbell St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 3-18-39

19. FUNERAL DIRECTOR (NAME) Peter B. Lapetina (ADDRESS) 536-38 Campbell St.

20. FILED Nov 17 1939 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar. 13, 1939, to Mar 13, 1939

I last saw him alive on Mar. 13, 1939. Death is said to have occurred on the date stated above, at 11:57 p. m.

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

Broncho-pneumonia

Date of onset

Mar. 8, 1939

Other contributory causes of importance:

Myocardial Regeneration

Mar. 1939

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

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 John F. Caldwell, M. D. (Signed) 636 Argyle Bldg. (Address) Kansas City, Mo.

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

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.