

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

24750  
Do not use this space.

1. PLACE OF DEATH <sup>DEPT AUG 7 1939</sup>  
 (a) County JACKSON Registration District No. 399  
 (b) Township KAW Primary Registration District No. 1002 Registered No. 2963  
 (c) City KANSAS CITY (d) Street No. 2412 EAST 42ND 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 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MISS PAULINE KLINGMAN  
 (a) Residence, No. 2412 EAST 42ND 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 FEMALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED. (write the word) SINGLE  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEBRUARY 24 1858  
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
81 4 25  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. DRESSMAKER  
 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) UNKNOWN 9  
 FATHER 13. NAME CHRIS KLINGMAN 6  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6  
 MOTHER 15. MAIDEN NAME UNKNOWN  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT MRS KATHERYN EICHENAUER  
 (ADDRESS) 4310 EAST 24TH STREET  
 18. BURIAL, CREMATION, OR REMOVAL PLACE ELMWOOD DATE JULY 24 1939  
 19. FUNERAL DIRECTOR (NAME) D.W. NEWCOMER'S SONS  
 (ADDRESS) 1401 BRUSH CREEK BLVD.  
 20. FILED July 22, 39 M. M. Crowe  
 Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JULY 21 1939  
 I HEREBY CERTIFY, That I attended deceased from July 18, 1939, to July 21, 1939  
 I last saw her alive on July 21, 1939 Death is said to have occurred on the date stated above, at 12:05 P.  
 The principal cause of death and related causes of importance were as follows:

Coronary Occlusion  
131  
 Date of onset 3/18/39

Other contributory causes of importance:  
Arteriosclerosis, Ch. Nephritis, Hypertension - Ch. Indigestion, Hypertension, Sarcoidosis  
 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 \_\_\_\_\_  
 (Signed) D. D. Emmons, M. D.  
 (Address) 4800 E. 24th St.

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.

1800. Court St. Street  
1-5

**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 A. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R. C. Mo.

**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.**