

AUG 7 1939

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

24818
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson 2 Registration District No. 399
(b) Township Kan Primary Registration District No. 190
(c) City Kennett (d) Street No. Chrysler Hotel - 205 W 9th 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

George A. Kline
(a) Residence, No. Chrysler Hotel 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 M 4. COLOR OR RACE W 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) unk.
7. AGE YEARS 56 MONTHS _____ DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Farmer
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) unk. 9

FATHER 13. NAME George Kline 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. 9

MOTHER 15. MAIDEN NAME unkensaw

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

17. INFORMANT (ADDRESS) Miss E. Mitchell
Chrysler Hotel

18. BURIAL, CREMATION, OR REMOVAL PLACE Corning, Kans. DATE July 29 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quinn & Tobin
Kennett

20. FILED July 28 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1939

22. I HEREBY CERTIFY, that I attended deceased from July 6, 1939 to July 27, 1939
I last saw h. in alive on July 27, 1939 Death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach
& metastasis in liver.
4/10
Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date _____
What test confirmed diagnosis? Stap City Hospital Was there an autopsy? 0

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? 0
If so, specify _____
(Signed) Quinn & Tobin, M. D.
(Address) 414 Maple KC Mo

WHITE PAPER, WITH WRAPPING INVA---THIS IS A PERMANENT RECORD

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.

L

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.