V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11217

APR 23 1940

Registration District No. 400

Primary Registration District No. 55530

Registrar's No. 44

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Little Blue R Prairie (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether

In this community 55 years. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Lone Jack R Von Buren (If outside city or town limits write "RURAL")

(d) Street No. 7 Mi. N. of Lone Jack on Colborn Rd. (If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

3. (a) PRINT FULL NAME Pearl Cline 450

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Lewis O. Cline

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased June (Month) 5 (Day) 1882 (Year)

8. AGE: Years 57 Months 9 Days 15 If less than one day hr. min.

9. Birthplace Oak Grove (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Charles Reinking
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary ?
15. Birthplace (City, town, or county) Indiana (State or foreign country)

16. (a) Informant Ora M Johnston

(b) Address Lone Jack, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-21-40 (Month) (Day) (Year)

(c) Place: burial or cremation Holyness Cemetery

18. (a) Signature of funeral director Aw Brownfield

(b) Address Pleasant Hill Mo

19. (a) 3/20/40 (Date received local registrar) (b) Lewis G. Barnes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1940 hour 9 minute 30 A M.

21. I hereby certify that I attended the deceased from March 6, 1940, to March 20, 1940 that I last saw her alive on March 20, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Diabetes mellitus	Years
Diabetic Gangrene Left Leg	7 wks.
Due to Left Hydrothorax	3 days.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

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

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Frank C. Treharne, M.D. (D. D. or other)

Address Jackson Co. Hosp. Little Blue, Mo. Date signed 3-20-40

(Licensed Embalmer's Statement on Reverse Side)

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.