DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13717

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1429

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C.Gen.Hosp.No.1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether

In this community 14 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1325 East 8th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Geneva Kline 450

3. (b) If veteran, name war —

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 George Kline

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased Aug. (Month) 27 (Day) 1878 (Year)

8. AGE: Years 61 Months 7 Days 2 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name John Mays
13. Birthplace (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Florence Embrey
15. Birthplace (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs. Bailey West

(b) Address 1510 Pennsylvania

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/1/40 (Month) (Day) (Year)

(c) Place: burial or cremation Trenton, Missouri

18. (a) Signature of funeral director R. V. Lindsey & Sons

(b) Address 3811 Broadway

19. (a) April 1, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1940 hour 8 minute 45 P. M.

21. I hereby certify that I attended the deceased from 3-23-40, 19, to 3-29-40, 19; that I last saw her alive on 3-29-40, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Diabetes mellitus	
Due to 59	
Due to	
Other conditions Pulmonary congestion and edema (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy See above	

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? (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 P. F. De Maria M.D. (M. D. or other)

Address Supt. K.C.Gen.Hosp., K.C.Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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. Roscoe Heeler

Licensed Embalmer No. 3738

P. O. Address. K.C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.