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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42220

Registration District No. 213 Primary Registration District No. 3014 Registrar's No. 340

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days. (Specify whether years, months or days)

In this community 50 years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole

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

(d) Street No. 1102 E. Miller St. (If rural, give location)

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

3. (a) PRINT FULL NAME August Kline

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Helen Kline

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

7. Birth date of deceased Feb. 4, 1875 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
65	10	22	hr. min.

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

10. Usual occupation Carpenter

11. Industry or business Building.

FATHER
12. Name John Kline
13. Birthplace — (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Caroline Meisel
15. Birthplace Taos, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. August Kline

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 28, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Resurrection Cem. Jefferson City, Mo.

18. (a) Signature of funeral director John F. Heinrichs

(b) Address Jefferson City, Mo.

19. (a) 12-27-40 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 26 year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Dec 23, 1940 to Dec 26, 1940; that I last saw him alive on Dec 26, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral concussion + hemorrhage

Due to Possible fracture

Due to Blow on head by attack from other persons

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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 Leon A. Taylor (M. D. or other) MD

Address Jefferson City Date signed Dec 26/1940

(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 John F. Heinke

Licensed Embalmer No. 3655

P. O. Address Jefferson City, 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, fact should be so stated above.