

FILED SEP 18 1941

Registration District No. **408**

Primary Registration District No. **5564**

Registrar's No. **120**

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Rural - Madison
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 2 Years. 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper **049**
(c) City or town Rural - Madison
(If outside city or town limits, write "RURAL")
(d) Street No. Route #1, Reeds, Mo.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country D

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 28,
year 1941 hour 2:30 minute P. M.
21. I hereby certify that I attended the deceased from April
27 1941 to Aug 28 1941;
that I last saw her alive on Aug 24 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Lung
Due to Falling Open, Abdominal
about 2 yrs ago.

Duration

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations HTR
Of autopsy.....
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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature T. E. Baker (M. D. or other) D
Address Paulding, Mo. Date signed 8-21-41

3. (a) PRINT FULL NAME GEORGIA M. KLINE

3. (b) If veteran, name war None 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 Harry Kline 6. (c) Age of husband or wife if alive years

7. Birth date of deceased December 9, 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>8</u>	<u>18</u>	hr. <u> </u> min. <u> </u>

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

10. Usual occupation Hostess

11. Industry or business.....

12. Name E. N. Vaughn

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Emma Guinn

15. Birthplace Calif.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dan Baldwin

(b) Address Route #1, Reeds, Missouri

17. (a) Burial (b) Date thereof 8/30/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fasken Cemetery

18. (a) Signature of funeral director Ed. C. Ulmer

(b) Address 1208 S. Garrison Ave., Carthage, Mo.

19. (a) Aug. 29, 1941 (b) E. J. Mc Intire, M.D.
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

41-9-798

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 Ed Keller

Licensed Embalmer No. 7222

P. O. Address Cartersville

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, fact should be so stated above.