

FILED MAY 14 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1710

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte
(c) City or town Merriam Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 2708 Merriam Blvd
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME WILLIAM HENRY KLINER

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive

7. Birth date of deceased July 15 1930
(Month) (Day) (Year)

8. AGE: Years 11 Months 9 Days 14 If less than one day hr. min.

9. Birthplace San Antonio Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

12. Name Orie Harry Kliner

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

14. Maiden name Alberta Camp

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

16. (a) Informant Orie H. Kliner
(b) Address Rogers Ark.

17. (a) Burial (b) Date thereof May 2 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Shawnee Kans.

18. (a) Signature of funeral director Dwight J. Sobin Co
(b) Address 20 West Linwood

19. (a) 5-1-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day April
year 1942 hour 8:45 minute P M.

21. I hereby certify that I attended the deceased from April 20
1942 to April 27 1942
that I last saw him alive on April 27 1942
and that death occurred on the date and hour stated above.

Immediate cause of death acute surgical shock Duration 2 hours

Due to General peritonitis with intestinal obstruction 2 days

Due to
Other conditions Acute ruptured appendix 7 days
(Include pregnancy within 3 months of death)

Major findings: as above 12/11
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? (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 John T. Kliner (M. D. or other) MD
Address 11402 Bryant Blvd Date signed 5-1-42

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

MOTHER FATHER

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..... *Harold Perry*

Licensed Embalmer No..... *4097*

P. O. Address..... *KC Mo*

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.