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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 10 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 21475

Registration District No. 477 | Primary Registration District No. 2002 | Registrar's No. 253

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether
In this community ____ years, months or days) 2 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Cherokee 999
(c) City or town Crestline 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. ____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? USA 2 years.

3. (a) PRINT FULL NAME Leonard Dale Kline
3. (b) ~~If veteran,~~ 2-9/36 -509-05-7960 (c) Social Security
Social Sec. 9/21/37 703-03-4979 No. Yes

4. Sex Male | 5. Color or race White | 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife ____ 6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased 3 (Month) 14 (Day) 1915 (Year)

8. AGE: Years ~~28~~ 27 | Months 3 | Days 4 | If less than one day ____ hr. ____ min.

9. Birthplace Kansas (City, town, or county) 1 (State or foreign country)
10. Usual occupation Truck Driver
11. Industry or business ____
FATHER
12. Name Floyd Kline
13. Birthplace Kansas (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Edith Lenora French
15. Birthplace Nebraska (City, town, or county) 1 (State or foreign country)
16. (a) Informant Floyde Kline
(b) Address Crestline Ks
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-18-42 (Month) (Day) (Year)
(c) Place: burial or cremation Wertonia Cemetery
18. (a) Signature of funeral director J. W. Ailey Oakmulgee Kan
(b) Address ____
19. (a) 6-18-42 (Date received local registrar) (b) Gertrude Sudhoeller (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 1942 hour 9:45 minute A M.
21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw him alive on Did not see him alive, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Shock; Punctured Lung, broken ribs
Due to broken left arm
Due to Auto accident. Collision with Truck
Other conditions ____ (Include pregnancy within 3 months of death)
Major findings: Of operations 170C-8 22
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) accident
(b) Date of occurrence June 17, 42 1939
(c) Where did injury occur? Joplin (City or town) Jasper (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Highway #71 (Specify type of place)
While at work? (e) Means of injury Auto
23. Signature R. J. McAster (M. D. or other) Crimer
Address Carthage Mo Date signed June 18 1942

(Licensed Embalmer's Statement on Reverse Side)

42-6-537

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 J. McAuley, Registered Apprentice No. ....., working under my personal supervision.

Signed J. McAuley

Licensed Embalmer No. 542 Kansas

P. O. Address Columbus Kans.

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.