

FILED MAR 10 1943

Registration District No. 280

Primary Registration District No. 5848

Registrar's No. 33

74
0
0
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town S.W. Barnard Rural
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
None known
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None
(Specify whether years, months or days) all of life

In this community all of life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Nodaway

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

(d) Street No. Rural 38 1/2 W
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Sarah Elizabeth Kling

3. (b) If veteran, name war —

3. (c) Social Security No. —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2
year 1943 hour 7 minute 0 M.

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased: March 19 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan - 1942 19 — to Death 19 —;
that I last saw her alive on Feb - 1 - 19 43
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>69</u>	<u>10</u>	<u>13</u>	hr. min.

Immediate cause of death Right Pulmonary Carcinoma Duration 18 mo

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

Due to Extension from ribs

10. Usual occupation House Supr

Due to —

11. Industry or business —

Other conditions (Include pregnancy within 3 months of death) 478

12. Name William McNeil Kling

Major findings: Of operations —

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

Of autopsy —

14. Maiden name Ethie Margaret Turner

PHYSICIAN —
Underline the cause to which death should be charged statistically.

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

16. (a) Informant Marnie Kling

(b) Address Barnard Mo

17. (a) Burial (b) Date thereof 2-4-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Barnard Mo

18. (a) Signature of funeral director Campbell Funeral Home

(b) Address 95 1/2 South Main Marnie Mo

19. (a) 2-4-43 (b) ASTB arlet
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury —

While at work? —

23. Signature W. Logan Wood (M. D. or other)
Address Bolckert Mo Date signed Feb 4 1943

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..... *William Campbell*

Licensed Embalmer No..... *5620*

P. O. Address..... *Manville, Wyo*

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.