

FILED MAR 3 1943

Registration District No. **5962** Primary Registration District No. **5962**

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

1. PLACE OF DEATH:
 (a) County Platte
 (b) City or town rural, Marshall Twp
 (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 NO (Specify whether)
 In this community NO years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Platte
 (c) City or town Rural, Marshall
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mollie Kline Green
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 12
 year 1943 hour 6 30 minute P M.
21. I hereby certify that I attended the deceased from June 11 1941, to Feb 12 1943
 that I last saw her alive on Feb 12 1943
 and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Andrew Green
 6. (c) Age of husband or wife if alive 79 years
 7. Birth date of deceased March 2 1871
 (Month) (Day) (Year)

Immediate cause of death Bronchopneumonia
 Due to Myocarditis Acute 4 days
Influenza 5 days
 Due to Hypertrophic Arteriosclerosis 10 yrs.
Arteriosclerosis
 Other conditions _____
 (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
71 11 10 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____
12. Name Peter Kline
13. Birthplace Germany 4
 (City, town, or county) (State or foreign country)
14. Maiden name Helen Knoph
15. Birthplace Germany 4
 (City, town, or county) (State or foreign country)

16. (a) Informant William Green
(b) Address Weston, Missouri

17. (a) burial **(b) Date thereof** Feb. 15/43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Cem.

18. (a) Signature of funeral director W. R. Vaughn
(b) Address Weston, Missouri

19. (a) 2-14-43 **(b)** Mrs. Clay Kiffner
 (Date received local registrar) (Registrar's signature)

PHYSICIAN
 Underline the cause to which death should be charged statistically.
 Major findings: none 33a
 Of operations _____
 Of autopsy none

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) no
 (b) Date of occurrence _____
 (c) Where did injury occur? none
 (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? _____ (c) Means of injury 2
23. Signature P. J. Felling (M.D. or other) DO
Address Weston **Date signed** 2/14/43

RECEIVED

District Health Officer No. Platte County
District File Number 3-43-21
Date Filed 3-1-43

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 W. R. Vaughn
Licensed Embalmer No. 74023
P. O. Address Weston, 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.