

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11133

FILED APR 3 1943

State File No.

Registrar's No.

Registration District No.

Primary Registration District No. ~~7793~~ 5995

7

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

1. PLACE OF DEATH:

(a) County PLATTE

(b) City or town Rural - Weston
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County Platte

(c) City or town Rural, Weston
(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 ROBERT EUGENE KLINE

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1943 hour 2:30 AM minute _____ M.

21. I hereby certify that I attended the deceased from March - 22 - 1943 to March 23 - 1943
that I last saw him alive on March - 22 - 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased March 22 1943
(Month) (Day) (Year)

Immediate cause of death Undetermined Duration _____

Due to _____

Due to _____

Other conditions 7 months termination of pregnancy
(Include pregnancy within 3 months of death)

8. AGE: Years 0 Months 0 Days 1 If less than one day _____ hr. _____ min.

9. Birthplace PLATTE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

Major findings: none performed

Of operations _____

Of autopsy no autopsy

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

MOTHER FATHER

11. Industry or business _____

12. Name Elmer Eugene Kline

13. Birthplace Mt Sterling Ky.
(City, town or county) (State or foreign country)

14. Maiden name Mary Walton Burns

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

16. (a) Informant Robert Burns
(b) Address Weston, Mo.

17. (a) Rural (b) Date thereof Mar. 23, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Graceland

18. (a) Signature of funeral director W. R. Dargatzis
(b) Address Weston, Mo.

19. (a) March 23-43 (b) Mrs. Clay Siffes
(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?

While at work? (Specify type of place) (e) Means of injury

23. Signature Louis P. Calvert (M. D. ~~number~~)
Address Weston, Mo. Date signed 3/23/43

1209

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. Platte
District File Number 4-43-35
Date Filed 4-2-43

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.....
Not embalmed....., Registered Apprentice No.....
working under my personal supervision.

Signed W. R. Vaughan
Licensed Embalmer No. 4023
P. O. Address Wesley, 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.