

S. No. 2
4-5-42
5-17-39
XSP

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14529

ED MAY 13 1943

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 237

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution St. John's
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 1918 Mo
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME CHARLOTTE MARIE CLINE

3. (b) If veteran name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife _____

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

7. Birth date of deceased APRIL 23 43
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Coalton Mo
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name JESSIE PHILIP CLINE

13. Birthplace LA CYGNE ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name EDNA MARIE PASSIDY

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

16. (a) Informant Jessie Cline

(b) Address 1918 Missouri

17. (a) Burial (b) Date thereof 4-26-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anderson Mo cemetery

18. (a) Signature of funeral director Charles Anderson

(b) Address Jackson Mo

19. (a) 4-26-1943 (b) Richard D. Schmitt
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 25
year 1943 hour 10 minute P.M.

21. I hereby certify that I attended the deceased from Apr 23 1943 to Apr 25 1943
that I last saw alive on Apr 25 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia Duration _____

Due to Premature birth and low resistance

Due to _____

Other conditions (Includes pregnancy within 3 months of death) 159

Major findings: Of operations _____

Of autopsy _____

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 C. P. Cline (M. D. or other) 0

Address 323 Third St Jackson Mo Date signed 4-26-43

43-4-418

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.