

FILED JUN 7 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5613 Bonita Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Catherine Kling
3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mr. Isaac Kling 6. (c) Age of husband or wife if alive 7 years
7. Birth date of deceased May 7 1859
(Month) (Day) (Year)

8. AGE: Years 84 Months 0 Days 11 If less than one day hr. min.

9. Birthplace North UMBERLAND Pennsylvania
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business ---

MOTHER FATHER { 12. Name J. Connley
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Clemmins
15. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Frank N. Neyhart
(b) Address 5613 Bonita Avenue

17. (a) Burial (b) Date thereof May 20 1943
(Burial, cremation, or removal) (Month) (Year)

(c) Place: burial of cremation De W Newcomer's home

18. (a) Signature of funeral director D. W. Newcomer's home
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-20-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5613 Bonita Avenue 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18th
year 1943 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 6 1943 to May 18 1943
that I last saw him alive on May 18 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular renal disease
Due to Ch. Intestinal nephritis
Hepatitis
Due to Chronic nephritis
Myocardial degeneration
Other conditions Compensated
(Include pregnancy within 3 months of death) 131a

Major findings: None performed
Of operations None performed
Of autopsy None performed

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 D. W. Newcomer (M. D. or other)
Address 1401 Brush Creek Blvd. Date signed 5/18/43

4800 East 34th Street
1:20-5:40

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 *H. C. Newcomer Jr*

Licensed Embalmer No. 4043

P. O. Address K. O. 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.