

FILED DEC 6 1943

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

3778

Do not use this space.

## 1. PLACE OF DEATH

(a) County Buchanan 002, Registration District No. 42  
 (b) Township St Joseph Primary Registration District No. 1000 Registered No. 1289  
 (c) City St Joseph (d) Street No. Mo. Methodist Hospital St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John Wesley Kline  
 (a) Residence, No. Savannah mo. St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed 2

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widower

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 - 1860

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
83 4 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. retired

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Md

FATHER 13. NAME Godlove Kline  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore Md

MOTHER 15. MAIDEN NAME Nancy Byarby  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Benton Co Ohio

17. INFORMANT (ADDRESS) Mabel Petree  
2940 Sylvan St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rochester Cemetery DATE Nov-7-1943

19. FUNERAL DIRECTOR (ADDRESS) J. Fred Terhune  
Savannah mo

20. FILED 11-7-43: 19 Rose Henry  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 7 1943

22. I HEREBY CERTIFY. That I attended deceased from 6:00 1943 to 10:00 1943

I last saw him alive on Nov 3 1943 Death is said

to have occurred on the date stated above, at 70 m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of prostate Date of onset 51

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury..... 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify Arteriosclerosis

(Signed) Walter C. Meyer M. D.

(Address) Savannah mo

STATEMENT BY LICENSED EMBALMER

I, Fred Turbine, Licensed Embalmer No. 1272

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed Fred Turbine

Licensed Embalmer No. 1279

**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.)**