

Registration District No. 49

Primary Registration District No. 1002

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Died on way to Hosp.
In this community 5 mo 7 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1519 Wyondott
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Helen Marie Kline

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 1943
(Month) (Day) (Year)

8. AGE: Years 0 Months 5 Days 7 If less than one day _____ hr. _____ min.

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

MOTHER FATHER

10. Usual occupation Child

11. Industry or business _____

12. Name Edward Kline

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

14. Maiden name Alberta Bailey

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

16. (a) Informant Alberta Phelps

(b) Address 1519 Wyondott

17. (a) Burial (b) Date thereof Jan 7 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C. L. Forster

(b) Address 918 Brooklyn

19. (a) Jan 6 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 6
year 1944 hour 1 minute 15 M.

21. I hereby certify that I attended the deceased from _____ 19____
Deputy Coroner
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Bronchopneumonia

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy See above

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)
(c) Means of injury _____

23. Signature J. E. Brown (M. D. or other) _____

Address 2211 W. 1st Date signed 1/6/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Ralph W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.