

FILED JUN 8 1944

Registration District No. 236

Primary Registration District No. 4352

Registrar's No. 26

1. PLACE OF DEATH:

(a) County MORGAN
(b) City or town VERSAILLES-MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 10 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MORGAN
(c) City or town VERSAILLES-MO
(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

EVA CLINE

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

4. Sex F 5. Color or race W 6. (a) Single, married, divorced SINGLE
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years (Day) (Year)

7. Birth date of deceased NOV 28th 1895
(Month) (Day) (Year)

8. AGE: Years 48 Months 6 Days - If less than one day hr. min.

9. Birthplace MORGAN CO., MO.
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOME

12. Name JACOB CLINE

13. Birthplace CAMDEN CO MO
(City, town, or county) (State or foreign country)

14. Maiden name ELIZA SUMNER

15. Birthplace MORGAN CO-MO
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Eva Cline

(b) Address Versailles Mo

17. (a) BURIAL (b) Date thereof MAY 31-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VERSAILLES CEMETERY

18. (a) Signature of funeral director W. J. Gidwell

(b) Address Versailles Mo

19. (a) 5-31-44 (b) Roy Berbestreese
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28th year 1944 hour 8 minute P M.

21. I hereby certify that I attended the deceased from 5-22, 1944 to 5-28, 1944 that I last saw her alive on 5-28, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus

Duration

2 yrs 6 mo

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) HSP

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 A. J. Gunn (M. D. or dentist)

Address Versailles Mo Date signed 5-30-44

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

71
1
0

1029

Officer No. 7
Number 5-44-730
Date Altd 6-7-44

JUL 21 1944
JUL 19 1944

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 W. F. Keenell

Licensed Embalmer No. 1546

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.