

FILED FEB 15 1945

Registration District No. 42

Primary Registration District No. 100

Registrar's No. 106

1. PLACE OF DEATH:

(a) County Buchanan
(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6026 Gordon
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 years
(Specify whether years, months or days)
In this community 20 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan
(c) City or town St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No. 6026 Gordon
(If rural, give location)
(e) Citizen of foreign country? No
If yes, name country Naturalized Russian

3. (a) PRINT FULL NAME George Vincent Kline Sr.

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Male (D) 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julia
6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased April 25, 1860
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 4
If less than one day hr. min.

9. Birthplace Odessa Russia
(City, town, or county) (State or foreign country)

10. Usual occupation Retired (Armour & Co.)

11. Industry or business packing House

12. Name Frank Kline

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

14. Maiden name Eva Striker
15. Birthplace Odessa Russia
(City, town, or county) (State or foreign country)

16. (a) Informant Julia Kline (Wife)

(b) Address 6026 Gordon St., City

17. (a) Burial (b) Date thereof 2/1/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director John E. Kupp

(b) Address 6054 Pryor Ave., City

19. (a) 2-1-45 (b) Helen J. Peckle
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January 29, year 1945 hour 4 minute 50 P.M.

21. I hereby certify that I attended the deceased from Jan. 12, 1945, to Jan. 29, 1945
that I last saw him live on Jan. 20, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cirrhosis of liver (Hansen's type) Duration 6 weeks

Due to 12481
Due to

Other conditions: Scurvy - sclerotic? yrs (gen.)

Major findings: Of operations none
Of autopsy none
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) (c) Means of injury
23. Signature G. T. Bloomer M.D. or other
Address 1218 W. 32 St. Date signed 1/31/45

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

MOTHER FATHER

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..... *John E. Rupp*
Licensed Embalmer No. *3986*
P. O. Address..... *St. Joseph, 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.