S. No. 2
I—8-43
5-17-39
P I X37823

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 29 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10161

State File No. 10161

Registration District No. 2016 Primary Registration District No. 3048 Registrar's No. 18

1. PLACE OF DEATH:
(a) County Madison
(b) City or town 308 Franklin (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 years, months or days)
In this community Most of Life

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Madison
(c) City or town Fredericktown (If outside city or town limits, write "RURAL")
(d) Street No. 308 Franklin (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Lonnie Celestial Cline
3. (b) If veteran, name war no
3. (c) Social Security No. 486-18-9039
4. Sex Male
5. Color or race W
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ruby M. Cline
6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased June (Month) 28 (Day) 1877 (Year)

8. AGE: Years 67 Months 8 Days 29 If less than one day hr. min.

9. Birthplace Hickory N.C. (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
12. Name (Father) John Pinkney Cline
13. Birthplace unknown (City, town, or county) (State or foreign country)
14. Maiden name (Mother) Cline
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Elgie W. Cline
(b) Address 210 Elm St. Bonne Terre Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-30-45 (Month) (Day) (Year)
(c) Place: burial or cremation Odd Fellow Ceme.
18. (a) Signature of funeral director Hall & Hall
(b) Address Fredericktown mo
19. (a) March 30 1945 (Date received local registrar) (b) S. A. Langhlet (Registrar's signature) By E. A. Edmond

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27 year 1945 7:20 hour P. M.
21. I hereby certify that I attended the deceased from 3/27 1944 to 3-/27 1945 that I last saw alive on 3/27 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary obstruction — Duration 10 Min
Due to Arterio Sclerosis with Valvular lisions of
Due to heart
Other conditions (Include pregnancy within 3 months of death)
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:
(c) 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature W Harry Barron (M. D. or other)
Address Fredericktown Mo Date signed 3/30 45

W. Barron 441

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 4

District File Number 445-433

Date Filed 4-6-45

JUN 28 1945

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 H. Holt

Licensed Embalmer No. 4264

P. O. Address Fredericktown, 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.