

**FILED** MAY 28 9 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. **2000**

Registrar's No. **369**

1. PLACE OF DEATH:

(a) County **Greene**  
(b) City or town **Springfield**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**1241 N. Broadway / (residence)**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **MARTHA L. KLINE**

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

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Jacob I. Kline (hus)** 6. (c) Age of husband or wife if alive **Dec** years

7. Birth date of deceased **October 27, 1868**  
(Month) (Day) (Year)

8. AGE: Years **77** Months **6** Days **3** If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Sevierille Tenn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **George Cowch**  
13. Birthplace **Tenn. UNK. TENN. /**  
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Land**  
15. Birthplace **UNK. UNK. /**  
(City, town, or county) (State or foreign country)

16. (a) Informant **W. W. Kline (son)**  
(b) Address **1222 E. Mill, S.P.E.D., Mo.**  
17. (a) **Burial** (b) Date thereof **May 3, 1946**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maple Park Cemetery**  
**Alma Lohmeyer Funeral Home**

18. (a) Signature of funeral director \_\_\_\_\_  
(b) Address **534 St. Louis St., S.P.E.D., Mo.**

19. (a) **5-3-46** (b) **H W S Houldy**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**  
(c) City or town **Springfield** **2**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1241 N. Broadway** **6**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **30** day **April**  
year **1946** hour **1:45** minute **P.** M.

21. I hereby certify that I attended the deceased from **30 April**  
**1946** to **30 April** **1946**  
that I last saw her alive on **30 April** **1946**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Thrombosis, Coronary** **2 1/2 hours**  
Due to **Myocarditis, chronic** **History 2 years**  
Due to **Hypertension, chronic** **"**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations **None**  
Of autopsy **None - 9/40**

Duration

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 **Newton W. Kline** (M. D. or other) **0**  
**Springfield, Mo.** Date signed **May 46**

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

MOTHER FATHER

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**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..... *L. A. Rauf* .....

Licensed Embalmer No. *3048* .....

P. O. Address..... *Manlyfield 177* .....

**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.**