S. No. 2
M—5-43
v. 5-17-39
I X36671

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

12498

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 17 1946

State File No. 13592

Registration District No. 156 Primary Registration District No. 2001 Registrar's No.

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Joplin. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Freeman Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Wks. (Specify whether In this community 8 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper 49

(c) City or town Joplin (If outside city or town limits, write "RURAL") 2

(d) Street No. 424 Byers Ave (If rural, give location) 5

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Elizabeth Sarah Kline.

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female/

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Husband T. J. Kline.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased April 20th 1850. (Month) (Day) (Year)

8. AGE: Years 95 Months 11 Days 23 If less than one day hr. min.

9. Birthplace Randolph County Ill. (City, town, or county) (State or foreign country)

10. Usual occupation Ret, Housewife.

11. Industry or business

FATHER
12. Name Alexander Burnett
13. Birthplace Ireland. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha Parsons.
15. Birthplace North Carolina (City, town, or county) (State or foreign country)

16. (a) Informant Mrs S A Grantham

(b) Address Joplin Missouri.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof March 30 46. (Month) (Day) (Year)

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

18. (a) Signature of funeral director Hurlbut Und Co.

(b) Address 212 Joplin St Joplin Mo.

19. (a) 3-30-46 (Date received local registrar) (b) Billie Pearson DR. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month March day 28 year 1946 hour 11.00 minute A M.

21. I hereby certify that I attended the deceased from 3/13/46, 19 to 3/28/46, 19; that I last saw her alive on 3/28/46, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Hyperstatic Pneumonia

Due to Fractured left humerus & intertrochanteric

Due to fracture left hip.

Other conditions Chr. Int. Nephritis (Include pregnancy within 3 months of death)

Major findings: Generalized arteriosclerosis

Of operations

Of autopsy No - 18 18

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) yes - 122

(b) Date of occurrence 3/28/46

(c) Where did injury occur? 424 Byers Joplin (City or town) Jasper (County) Mo (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 Fell down

23. Signature Elmer Johnson Jr. (M. D. or other) Lt Hurl

Address 615-617 Friard Joplin, Mo, Date signed 3/30/46

138

(Licensed Embalmer's Statement on Reverse Side)

46-3-284

AUG 1 1946

AUG 16 1955

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 Colin M. Lungy

Licensed Embalmer No. 3566

P. O. Address 212 Joplin St. Joplin Missouri

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.