

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED FEB 17 1947
Registration District No. 227

Primary Registration District No. 1000

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:
Missouri Methodist Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)

In this community 7 Days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. None
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Franklin Elliott Kline

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mary Louise Kline

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased December 27 1868
(Month) (Day) (Year)

8. AGE: Years 78 Months 1 Days 8
If less than one day hr. _____ min. _____

9. Birthplace Madison County Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business General merchandise

MOTHER FATHER { 12. Name Godlove Kline

13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Nancy Byarly

15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary L. Kline

(b) Address Cooby, Missouri

17. (a) Burial (b) Date thereof Febr. 8, 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rochester Semetary

18. (a) Signature of funeral director Walter Heiserhoffer

(b) Address 1946 Colhoun Street, St. Joseph, MO.

19. (a) 2-13-47 (b) G. S. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5
year 1947 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 28 47
_____ 19____ to Feb 5 - 1947
that I last saw him alive on 2-5-1947
and that death occurred on the date and hour stated above.

Immediate cause of death Starvation
Duration 3 days

Due to Carcinoma of colon ?

Due to _____

Other conditions HOE
(Include pregnancy within 8 months of death)

Major findings: Abdominal ascites

Of operations _____

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)

(e) Means of injury 0

23. Signature Paul Purpura (M. D. or other) _____

Address St. Joseph Mo Date signed 2-6-47

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

JUN 28 1948

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 *Albert E. Harrington*.....

Licensed Embalmer No. 3258 Missouri.

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.

P. E. M. J. M. C. C.