

Registration District No. 2056

Primary Registration District No. 2056

Registrar's No. 89

1. PLACE OF DEATH:

(a) County Randolph
 (b) City or town Moberly
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
811 W. Reed
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Randolph
 (c) City or town Moberly
(If outside city or town limits, write "RURAL")
 (d) Street No. 811 W Reed St
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Walter W. Cline

3. (b) If veteran, name war World War I
 3. (c) Social Security No. 702-12-7869

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

6. (b) Name of husband or wife Rose I Cline
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: Nov. 3rd 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>4</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace: _____
(City, town, or county) (State or foreign country)

10. Usual occupation Rtd. Brakeman

11. Industry or business Wabash R.R.

MOTHER FATHER {
 12. Name John Cline
 13. Birthplace _____
(City, town, or county) (State or foreign country)
 14. Maiden name Marid Miller
 15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Rose I Cline

(b) Address Moberly, Mo

17. (a) Burial (b) Date thereof Apr 5th 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Moberly, Mo

18. (a) Signature of funeral director Mahan and Saw

(b) Address Moberly, Mo

19. (a) 4-5-47 (b) Paul William Cline
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 2nd
 year 1947 hour 4 minute 03 P.M.

21. I hereby certify that I attended the deceased from Nov 23 1946
March 31 1946
 that I last saw him alive on March 31 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhages, multiple Duration 2-3 yrs.

Due to Essential hypertension 18 yrs

Other conditions: 83A

(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy _____

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) 0
 (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 Henry K Baden (M. D. or other) MD
 Address 208 1/2 N. 8th Street Date signed 4-5-47

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

NOV 16 1949

APR 28 1947

RECEIVED
District Health Officer No. 10
District File Number 4-47-672
Date Filed APR 15 1947

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 Frank D. Witt
Licensed Embalmer No. 3021
P. O. Address Moberly 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.