S. No. 2
—8-43
-17-39
X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1948

Registration District No. 137

THE STATE
STANDARD CERTIFICATE OF DEATH

State File No. 12334

Primary Registration District No. 5075, 4225

Registrar's No. 29

1. PLACE OF DEATH:

(a) County Holt

(b) City or town Oregon
(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
In this community 4 Days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Holt 44

(c) City or town New Point 0
(If outside city or town limits, write "RURAL")

(d) Street No. 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME John Kline

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Eliza A Kline

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

7. Birth date of deceased August (Month) 3 (Day) 1864 (Year)

8. AGE: Years 83 Months 8 Days 16 If less than one day hr. min.

9. Birthplace New Point (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

FATHER
12. Name William Kline 9
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Amanda Metler 9
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Clarence Rayhill
(b) Address Oregon, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 19 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Maitland, Missouri

18. (a) Signature of funeral director James H. Pettijohn
(b) Address Oregon Mo

19. (a) Apr 24 (Date received local registrar) (b) J Chary (Registrar's signature) 122

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17
year 1948 hour 6 minute 45P. M.

21. I hereby certify that I attended the deceased from April 10, 1948, to April 17, 1948
that I last saw him alive on April 17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration About 1 year

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 46B

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? None (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 0

23. Signature E. F. Kearney (M. D. or other)

Address Oregon Mo Date signed 4/19/48

(Licensed Embalmer's Statement on Reverse Side)

DISTRICT HEALTH OFFICE
Cameron, Mo.

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 James H. Pettijohn

Licensed Embalmer No. 3192

P. O. Address Oregon 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.