S. No. 2
I—1/47
6-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 6 1948

Registration District No. 2713

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5913

State File No. 13628 13582
Registrar's No. 29

1. PLACE OF DEATH:
(a) County: Perry
(b) City or town: Sereno Mo.
(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: 78-7-9
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Perry 79
(c) City or town: Sereno Mo. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Joseph L. Kline
3. (b) If veteran, name war:
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: Elezabeth Kline
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: September (Month) 20 (Day) 1869 (Year)

8. AGE: Years 78 | Months 7 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business:

FATHER
12. Name: James L. Kline
13. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Catherine Tucker
15. Birthplace: Perry Co. (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Carl Kline
(b) Address: Perryville Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-1-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Perryville Mo
18. (a) Signature of funeral director: Young & Sons
(b) Address: Perryville Mo
19. (a) Apr 30 48 (Date received local registrar) (b) Joe Jackson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1948 hour 4 minute A M.
21. I hereby certify that I attended the deceased from Apr 29 1948, 19..., to Apr 29, 1948 and that I last saw him alive on April 29, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	5 hrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury: 0
23. Signature: J. H. Bailey (M. D. ~~or other~~)
Address: Perryville Mo Date signed: 4/30/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 548-591

Date Filed 5-5-48

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 Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville 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.