

FILED OCT 27 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33670

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4336

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (in this place) <b>42 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>8001 PENNSYLVANIA AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. MARY'S HOSPITAL</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>SMITH</b> c. (Last) <b>KLEIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT-9-1951</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	
8. DATE OF BIRTH <b>JULY-12-1909</b>		9. AGE (In years last birthday) <b>42</b>		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ASSOCIATE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>KLEINTOWEL SUPPLY</b>		11. BIRTHPLACE (State or foreign country) <b>KANSAS CITY, MISSOURI</b>	

13a. FATHER'S NAME <b>LOUIS A. KLEIN</b>		13b. MOTHER'S MAIDEN NAME <b>ANNA LINDER</b>		14. NAME OF HUSBAND OR WIFE <b>MRS. JO LEON KLEIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>496-01-7805</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS. JO LEON KLEIN</b> ADDRESS <b>8001 PENNSYLVANIA KANSAS CITY, MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Bronchitis</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Death following lobectomy</b>		<b>526X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Natural</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Hugh B. Owens</b> (Degree or title)		23b. ADDRESS <b>31034 Walnut Blvd</b>		23c. DATE SIGNED <b>10-9-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>OCT-11-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. MORIAN CEMETERY</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Oil Newcomer's Sons</b>		ADDRESS <b>1331- BRUSH CREEK KANSAS CITY, MO.</b>	
DATE REC'D BY LOCAL REG. <b>10-11-51</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Holmes</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Raymond D. Stoen*

Licensed Embalmer No. *4266*

P. O. Address *Kansas City, 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.