

RECD AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24516  
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 395  
 (b) Township Kaw Primary Registration District No. 1002  
 (c) City Kansas City (d) Street No. 6644 Askew St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 2729

2. PRINT FULL NAME Mrs. Ada E. Cline

(a) Residence, No. 6644 Askew St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8 1879  
 7. AGE YEARS 60 MONTHS 2 DAYS 28 If LESS than 1 day, ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Robert Allison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Emiline Cramer

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Everett Cline (ADDRESS) 6644 Askew

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn Cem DATE 7/8/39

19. FUNERAL DIRECTOR (NAME) Quirk & Tobin Co (ADDRESS) 39 N. M. Grome

20. FILED July 7 1939 M. M. Grome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6 1939

22. I HEREBY CERTIFY, That I attended deceased from July 1939, to July 1939, 1939  
 I last saw him alive on July 6 1939 Death is said to have occurred on the date stated above, at 5:25 P.  
 The principal cause of death and related causes of importance were as follows:

Cancer of Stomach July 38  
4/3

Other contributory causes of importance:  
None

Name of operation no Date of no  
 What test confirmed diagnosis? X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) B. M. Grome M. D.  
 (Address) 1103 Shoard ave

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

50M-9-19-38 I X16005

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**