

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

24656
 Do not use this space.

ESTD AUG 7 1939

1. PLACE OF DEATH
 (a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002
 or Kansas City
 (c) City Kansas City (d) Street No. Research Hospital Registered No. 2889 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.

2. PRINT FULL NAME H50 Albert Phillip Cline
 (a) Residence, No. 3026 Spruce 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Linnie Belle Cline</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20, 1877</u>				
7. AGE	YEARS <u>62</u>	MONTHS <u>1</u>	DAYS <u>25</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Painter</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) <u>Taylorville</u> / (STATE OR COUNTRY) <u>Illinois</u>				
FATHER	13. NAME <u>Phillip Cline</u> /			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u> /			
MOTHER	15. MAIDEN NAME <u>Frances Noe</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No Record</u>			
17. INFORMANT <u>Mrs. Linnie Cline</u> (ADDRESS) <u>3026 Spruce</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>7/18/39</u> , 19..				
19. FUNERAL DIRECTOR (NAME) <u>Quirk & Tobin Co.</u> (ADDRESS) <u>Kansas City, Mo.</u>				
20. FILED <u>July 17, 1939</u> <u>M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>7/15</u> , 19 <u>39</u>
22. I HEREBY CERTIFY, That I attended deceased from <u>July 1, 1939</u> , to <u>July 15, 1939</u> I last saw him alive on <u>July 15, 1939</u> . Death is said to have occurred on the date stated above, at <u>6:30 P.M.</u> The principal cause of death and related causes of importance were as follows: <u>Broncho pneumonia</u> Other contributory causes of importance: <u>Ch. Intestinal Trenching</u> <u>Ch. Myocardial Degeneration</u> Name of operation <u>none</u> Date of..... What test confirmed diagnosis? <u>Ch. X-ray</u> Was there an autopsy? <u>ye</u>	
23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? <input checked="" type="checkbox"/> Date of injury....., 19.. Where did injury occur? <input checked="" type="checkbox"/> (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.	
Manner of injury <input checked="" type="checkbox"/> Nature of injury <input checked="" type="checkbox"/>	
24. Was disease or injury in any way related to occupation of deceased? <u>ye</u> If so, specify..... (Signed) <u>O. E. Brown</u> , M. D. (Address) <u>4800 Grand</u>	

Date of issue 7/14/39

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.

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 Maurice McQuirk

Licensed Embalmer No. 2926

P. O. Address KC 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, above space should be left blank.