

ED AUG 24 1943

Registration District No. 150

Primary Registration District No. 42-34 5512

I. PLACE OF DEATH:

(a) County Jackson
(b) City or town Greenwood
(c) Name of hospital or institution: Home of Greenwood
(d) Length of stay: In hospital or institution _____
In this community 1 mo. 14 da. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Donald Ray Cline

3. (b) If veteran, name war _____ (c) Social Security No. _____

4. Sex M. 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months 1 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Greenwood Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Child

11. Industry or business Charles Cline

12. Name Charles Cline

13. Birthplace Greenwood Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Alma Lee Franklin

15. Birthplace Mustage Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Cline

(b) Address Greenwood, Mo

17. (a) Burial (b) Date thereof 8-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood cemetery

18. (a) Signature of funeral director P. A. Nofziger

(b) Address Pleasant Hill Mo

19. (a) Aug. 10, 1943 (b) P. M. Schick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri County Jackson
(c) City or town Greenwood
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 9
year 1943 hour 9 minute 5 A. M.

21. I hereby certify that I attended the deceased from Aug 5
_____ 1943, to Aug 9 1943
that I last saw him alive on Aug 7 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Whooping Cough

Duration 10 da

Due to _____

Due to _____

Other conditions 9
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place)
(e) Means of injury _____

23. Signature E A Albers (M. D. or other) _____

Address Pleasant Hill Mo Date signed 8-9-43

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

48
0
0

MOTHER FATHER

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

D. D. Nolesinger

Licensed Embalmer No.

3988

P. O. Address

Pleasant Hill

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.