

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

32354
Do not use this space.

FILED OCT 6 1943

1. PLACE OF DEATH
 (a) County Randolph Registration District No. 295
 (b) Township Clifton Hill, Mo Primary Registration District No. 4441
 (c) City Clifton Hill, Mo (d) Street No. _____ St.
 (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 Emma Harris Cline
 (a) Residence, No. Clifton Hill St. (If nonresident, give city or town and State) Mo
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Cline
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4, 1867
 7. AGE YEARS 76 MONTHS 3 DAYS 12 If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
 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 _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/23, 1943
 22. I HEREBY CERTIFY, That I attended deceased from 9-20, 1943 to 9-23, 1943
 I last saw her alive on 9-23, 1943 Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Chronic Cerebral Mephitia
Hypertension
 Date of onset 12/18

Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) Dr. G. Noel Rims D.O.
 (Address) Clifton Hill, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brunswick Missouri
 13. NAME A. C. Turner
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ireland
 15. MAIDEN NAME Unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ky.
 17. INFORMANT (ADDRESS) B. B. Christman
Prosser, Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Prosser, Mo DATE 9/24 1943
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fred G. Humpage
Madison, Mo
 20. FILED 9-30-43 19 Mrs. P. D. Meyer
Local Registrar.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-431587

Date Filed OCT 5 1943

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 Paul Richard Bro...

Licensed Embalmer No. 4324

P. O. Address Madison, 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.