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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 18 1944

Registration District No. 2 [illegible]

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15564

Primary Registration District No. 6003

Registrar's No. 78

1. PLACE OF DEATH:

(a) County Ralls

(b) City or town Oakwood [illegible]
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3919 Market St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ralls

(c) City or town Oakwood
(If outside city or town limits, write "RURAL")

(d) Street No. 3919 Market
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Emma Eugenia Cline

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife A. A. Cline

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased July (Month) 5 (Day) 1859 (Year)

8. AGE: Years 84 Months 7 Days 2 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name George W. Krigbaum
13. Birthplace (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name Sarah Graves
15. Birthplace Spalding (City, town, or county) Missouri (State or foreign country)

16. (a) Informant James H. Cline
(b) Address Oakwood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-44 (Month) (Day) (Year)
(c) Place: burial or cremation Hydesburg

18. (a) Signature of funeral director Roy P. Schwartz
(b) Address 1000 Broadway Hannibal Mo.

19. (a) 2-12-44 (Date received local registrar) (b) R S Berling (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7 year 1944 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from Feb 5, 1944, to Feb 7, 1944 that I last saw her alive on Feb 7, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr arteriosclerotic Myocarditis

Due to

Due to

Other conditions Senility Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other)

Address [illegible] Hannibal Mo. Date signed

1171

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1951

RECEIVED
District Health Officer No. 10
District File Number 4-44-838
Date Filed APR 18 1944

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 Roy P. Schwartz

Licensed Embalmer No. 1765

P. O. Address 1000 Broadway, Hannibal

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.