

FILED JUN 7 1945

Registration District No. 27

Primary Registration District No. 4035

Registrar's No. _____

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

1. PLACE OF DEATH:
 (a) County Bates
 (b) City or town Rockville
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
(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 years

3. (a) PRINT FULL NAME Charles Francis. Cline
 3. (b) If veteran, name war None
 3. (c) Social Security No. 500-12-8863

4. Sex male 5. Color White 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife None 6. (c) Age of husband or wife if live _____ years
 7. Birth date of deceased Mar 28 1877
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace Mo
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

11. Industry or business _____
 12. Name John Adam Cline
 13. Birthplace Ill
(City, town, or county) (State or foreign country)
 14. Maiden name Polly Ann Bentley
 15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Cline
 (b) Address Rockville Mo
 17. (a) Burial (b) Date thereof Apr 25 45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Rockville, Miss

18. (a) Signature of funeral director Frank Lee
 (b) Address Appleton City Mo
 19. (a) Apr 25, 1945 (b) Mrs. Wiebes Steiner
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Bates
 (c) City or town Rockville
(If outside city or town limits, write "RURAL")
 (d) Street No. _____
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr day 25
 year 1945 hour 10 minute 30 A. M.
 21. I hereby certify that I attended the deceased from Oct 4, 1945
 to Apr. 24, 1945
 that I last saw him alive on Apr. 23, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Bright's Disease (chronic) Duration 1 yr.
 Due to arteriosclerosis 4 yrs.
 Due to 12/15
 Other conditions Myocardial infarct 5 yrs.
(Include pregnancy within 3 months of death)
 Major findings: Of operations none performed
 Of autopsy none performed
 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? _____ Means of injury _____
 23. Signature M. J. Burke (M. D. or other) P.O.
 Address Rockville, Mo. Date signed 4/25/45

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 Me
on the 27th day of April 1945, Registered Apprentice No. _____
working under my personal supervision.

Signed Frank Lee

Licensed Embalmer No. 1099

P. O. Address Appleton City 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, fact should be so stated above.