

FILED MAR 29 1946

Registration District No. 173 Primary Registration District No. 5645

Registrar's No. 14

1. PLACE OF DEATH:
 (a) County Lawrence
 (b) City or town Rural "Aurora Township"
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: none
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none
(Specify whether years, months or days)
 In this community about 50 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Lawrence
 (c) City or town Rural
(If outside city or town limits, write "RURAL")
 (d) Street No. Aurora Township
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country none

3. (a) PRINT FULL NAME Robert Washington Cline
 3. (b) If veteran, name war none
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 13
 year 1946 hour 6 minute 30 A.M.

4. Sex m 5. Color or race w
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Dora Isabel Cline
 6. (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased October 8 - 1874
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 1
1945 to Feb 13 1946
 that I last saw him alive on Feb 11 1946
 and that death occurred on the date and hour stated above
 Immediate cause of death Coronary thrombosis Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>71</u>	<u>4</u>	<u>5</u>	hr. min.

Due to _____
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Farmer

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business Farm

12. Name Harvey Cline

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

14. Maiden name Jessie Finley Cline

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

16. (a) Informant R. L. Cline

(b) Address 714 Euclid, Monett Mo

17. (a) Burial (b) Date thereof Feb 15 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Park Care Aurora Mo

18. (a) Signature of funeral director Callaway

(b) Address Monett Mo

19. (a) 2-16-46 (b) Dr. McNeil
(Date received local registrar) (Registrar's signature)

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)
 Means of injury 0
 23. Signature W. F. Herron (M. D. or other)
 Address Aurora, Mo Date signed Feb 15 1946

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

8883

505

RECEIVED
District Health Officer No. 6,
District File Number 346-381
Date Filed MAR 25 1946

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 J. P. Buchanan
Licensed Embalmer No. 3129
P. O. Address Monett 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.