S. No. 2
M—2-43
r. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 31 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23541

Registration District No. 749

Primary Registration District No. 1002

Registrar's No. 3139

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS (Specify whether
In this community 30 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1115 EAST 28TH STREET 8
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME MRS. IRMA ELLEN CLINE

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MR. EDWARD A. CLINE

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased APRIL (Month) 28 (Day) 1897 (Year)

8. AGE:

Years	Months	Days	If less than one day
49	2	19	hr. min.

9. Birthplace BROWN COUNTY (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business ------

FATHER
12. Name MILES H. HOWELL
13. Birthplace (City, town, or county) IRELAND (State or foreign country)

MOTHER
14. Maiden name ARY MOORE
15. Birthplace BROWN COUNTY (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MR EDWARD A. CLINE

(b) Address 1115 EAST 28TH STREET

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof JULY 19 1946 (Month) (Day) (Year)

(c) Place: burial or cremation MORRELLVILLE, ILLINOIS

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 7-19-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 17TH year 1946 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from Apr 27, 1946 to July 18, 1946 that I last saw her alive on July 17, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Post Operative Embolism of lung pulmonary embolism

Due to Post Operative Ca. of uterus 7-16-46

Due to

Other conditions Rectocele operated 7-16-46
(Include pregnancy within 3 months of death)

Major findings:
Of operations 48 b

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 Hugh A. Gustman (M. D. or other)

Address 303 Burlington Date signed 7-18-46

(Licensed Embalmer's Statement on Reverse Side)

303 Northman Bldg.

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 Earl Rapp

Licensed Embalmer No. 3458

P. O. Address K. C. 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.