

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26782

FILED AUG 30 1947

Registration District No. 42

Primary Registration District No. 1000

Registrar's No. 1032

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Rose Leon Nursing Home
(If not in hospital or institution, write street number or location)
624 Prospect Ave.

(d) Length of stay: In hospital or institution 24 days
(Specify whether years, months or days)

In this community 24 days
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Andrew

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

(d) Street No. Whitesville, Mo.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ada Cline Case

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, Widowed

6. (b) Name of husband or wife Not stated

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

7. Birth date of deceased December 18, 1871
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	8	7	hr. min.

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

10. Usual occupation At home

11. Industry or business At home

12. Name Harvey Cline

13. Birthplace Monroe County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lucinda Kesterson

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

16. (a) Informant N. G. Cline

(b) Address St. Joseph, Mo.

17. (a) Removal (b) Date thereof 8/25/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation King City, Mo.

18. (a) Signature of funeral director Hector Bruman

(b) Address St. Joseph, Mo

19. (a) 8-29-47 (b) L. L. Jenkins
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25
year 1947 hour 12 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug. 10
1947, to Aug. 25, 1947.
that I last saw her alive on Aug. 24, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage 3 da.
Due to Chronic hypertension 5 yrs
sequelae

Other conditions (Include pregnancy within 8 months of death)

Major findings: Of operations g 3 P
Of autopsy

PHYSICIAN
Underline the cause of 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 W. J. ...
Address King City, Mo. Date Aug 29/47

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

MOTHER FATHER

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.....
William Spalding..... Registered Apprentice No. *28*
working under my personal supervision.

Signed..... *Eugen Wood*.....
Licensed Embalmer No. *3804*
P. O. Address *329 501st St Joseph,*

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.