S. No. 2
M—1/47
y. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1013

FILED JAN 20 1948

Registration District No. 149 — Primary Registration District No. 1602 — Registrar's No. 34

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

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 3211 Windsor
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 68 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. 3211 Windsor 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fannie Olivia Cline

3. (b) If veteran, name war none

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 James W. Cline

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

7. Birth date of deceased July (Month) 3 (Day) 1870 (Year)

8. AGE: Years 77 Months 5 Days 28 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Home

FATHER
12. Name Edward Ryland Mulkey
13. Birthplace Lexington (City, town, or county) Mo. (State or foreign country)

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

16. (a) Informant Miss Ruby Lois Cline
(b) Address 3211 Windsor

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Gates Funeral Home
(b) Address Kansas City, Kansas

19. (a) 1-5-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 1 year 1948 hour 3 minute 25 P. M.

21. I hereby certify that I attended the deceased from 7-28, 1947 to 1-1-, 1948 that I last saw her alive on 12-31-, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis - Chronic — Duration several mos.

Due to Acute exacerbation of above condition.

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 4 3d
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? Means of injury

23. Signature B. Atcheson (M. D. ~~or other~~)
Address 3850 Prospect Date signed 1-2-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

Dr. Atcheson

3850 Prospect

Gates Funeral Home
Ta. 1023

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 Wm L. Ward

Licensed Embalmer No. 3991

P. O. Address 308 East 68th Ter. Kcmo

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.