

FILED DEC 17 1948
Registration District No. 1002

Primary Registration District No. 1002

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 4 weeks
(Specify whether years, months or days) 32 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3639 Paseo
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME RACHEL CLINE
3. (b) If veteran, name war No 3. (c) Social Security No. 486 05 0997

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased September 28, 1881
(Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Clerk

11. Industry or business Western Union

12. Name William Cline

13. Birthplace Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Margaret E. Park

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

16. (a) Informant Miss Maude Cline

(b) Address 3639 Paseo Kansas City 3, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 7, 1948
(Month) (Day) (Year)

(c) Place: burial or cremation Lee's Summit, Missouri

18. (a) Signature of funeral director Langsford Funeral Home

(b) Address Lee's Summit, Missouri

19. (a) 12-6-48 (Date received local registrar) (b) Steraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4 year 1948 hour 6 minute 57 P.M.

21. I hereby certify that I attended the deceased from 1-28 1948 to 12-4 1948
that I last saw her alive on 12-4 and that death occurred on the date and hour stated above.

Immediate cause of death Subarachnoid Hemorrhage Duration _____

Due to Arteriosclerosis

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings: Of operations ✓ §30

-Of autopsy ✓

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) (e) Means of injury ✓

23. Signature M. F. Jewell (M. D. or other) M.D.

Address 1777 W. 39 Date signed 12-6-48

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

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

DEC 17 1958

Dr. Sewell
1722 West 39th

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 Chas E Wilks
Licensed Embalmer No. 2644
P. O. Address. HC 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.