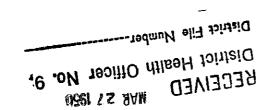
alen A	1AD 91 48FA	THE DIVISION OF H			3687
· · · · · · · · · · · · · · · · · · ·	MAR 31 1950	STANDARD CERTI	FICATE OF DEA	ATH State i	File No
BIRTH NO		REG. DIST. NO. 225		NO.4335 Regist	
i. PLACE OF D	Monitea	u	. ~~ 4 ~~	ENCE (Where depended liv. SOUR1 b. COU!	
OR	corporate limite, write Riipton	URAL and give c. LENGTH OF STAY, in this place	c. CITY (If outside cor OR TOWN Tipt	porate limite, write RURAL and	d give township)
d. FULL NAME O HOSPITAL OF INSTITUTION		an Street Home	d. STREET ADDRESS Wes	t Morgan Str	rest
3. NAME OF DECEASED (Type or Print)	a. (First) Theodore	b. (Middle) William	c. (Last) Kline		Month) - (Day) - (Year) - Ch. 18, 1950
Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (8p-cify) WICOWED	a. date of birth December : 20	9. AGE: (In years) last birthday) 1866 83	Months Days Hours Min.
done during most of we	TION (Give kind of work orking life, even if retired) GWare Stor	iob. Kind of Business or in- DUSTRY e Hardware	11. BIRTHPLACE (State Tipton,	or foreten country) Missouri	12. CITIZEN OF WHA COUNTRY? U.S.A.
3a. FATHER'S NA	and the second s	136. MOTHER'S MAIDER	_	14. NAME OF HUSBAND	–
	he o dore Kl		oechner		Kline (Decease
5. WAS DECEASED E Yes, no. or unknown) NO	VER IN U.S. ARMED F (If yee, give war or dates of	FORCES? 16. SOCIAL SECURITY NO. NO.	17. INFORMANT'		oton , Mo .
18: CAUSE OF DEATI Enter only one cause p line for (a), (b), and (c	ET I. DISEASE OR CO		STATION	brombacia.	INTERVAL BETWEEN ONSET AND DEATH
*This does not med	ANTECEDENT CA				
the mode of dying, suc as heart fallure, astheni etc. It means the di	a, rise to the above ca	re last.	an and	<u> </u>	
ase, injury, or complication which caused deat	ä. 🛘 II. OTHER SIGNIF	DUE TO (c) ICANT CONDITIONS using to the death but not see or condition causing death.	-		4201
19a. DATE OF OPERA		DINGS OF OPERATION		· · · · · · · · · · · · · · · · · · ·	20. AUTOPSY?
21a. ACCIDENT SUICIDE - HOMICIDE	(Specify) 2	21b. PLACE OF INJURY (e.g., in or about nome, farm, factory, street, office bidg., ste.)	21c. (CITY, TOWN, OR	TOWNSHIP) (COI	UNTY) (STATE)
21d, TIME (Moss OF INJURY	nib) (Day) (Year) (I	Hour) 21e. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK	21f. HOW DID INJURY	OCCUR7	
22. I hereby certif	y that I attended the	he deceased from 7-4 2, and that death occurred at	1949, to 3	—/ 7, 19 50, th	at I last saw the decease ale stated above.
23a. SIGNATURE	Tre f	Rect Do.	23b. ADDRESS	ho	3-20 -50
24a. BURIAL, CRE TION, REMOVAL (8)- BUTIAL	77 3/20/50	24c. NAME OF CEMETER Catholic CI	netéry		ssouri
3-21-195	EG. In The	IGNATURE 203 rude Hudson o	Temes direct	TOR'S STEMPTURE	Tipton , MC
	<u>, ,</u>	(Licensed Embalmer's	Statement on Reverse Sid	e)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on	the reverse side of this o	certificate was embalmed by me	. On by
		Student Embalmer No	~~~~~
working under my personal supervision.	Signed	uece - E-Ris	hards
SignedStudent Embalmer	ı	Licensed Embalmer No. 240	56

P. O. Address <u>Tipton</u>, <u>Missour</u>

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.