

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24200

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2810

1. PLACE OF DEATH:

(a) County Jackson 2
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 814 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 5 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 814 Troost
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Otis Hines 520

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Florence Jane 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 30, 1858
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 0 11 hr. min.

9. Birthplace Odin, Ill.
(City, town, or county) (State or foreign country)

10. Usual occupation Salesman 9

11. Industry or business K. C. Cement 9

12. Name Unknown 9

13. Birthplace Ill 1

14. Maiden name Unknown

15. Birthplace Ill

16. (a) Informant Rex Hines

(b) Address 814 Troost Ave.

17. (a) Burial (b) Date thereof 7-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Memorial Park

18. (a) Signature of funeral director A. H. Burkwith

(b) Address 1416 Minnesota Ave.

19. (a) July 12, 1940 (b) M. M. Browe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 11
year 40 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from July 9th 1940 to July 11th 1940
that I last saw him alive on July 11th 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy 3 days
Due to Arteriosclerosis 3 years
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
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 3
23. Signature D. J. Griffith (M. D. or other) DO
Address 1002 Jefferson Bldg. Date signed 7-12-40

Duration

3 days

3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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..... *Orville H. Beckwith*

Licensed Embalmer No. *3937*

P. O. Address *Kansas City, Kans*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.