V. S. No. 2
M—11-10-39
Rev. 5-17-39
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SEP 16 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 28022

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 926

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

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: Missouri Methodist (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether years, months or days) In this community 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Buchanan

(c) City or town: St. Joseph (If outside city or town limits write "RURAL")

(d) Street No.: 1809 Mitchell AVe (If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years

3. (a) PRINT FULL NAME: Frank Lee Hines 520

3. (b) If veteran, name war: none

3. (c) Social Security No.: none

4. Sex: male

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 9, 1934 (Month) (Day) (Year)

8. AGE: Years 5 Months 11 Days 12 If less than one day ____ hr. ____ min.

9. Birthplace: St. Joseph (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Child

11. Industry or business:

FATHER
12. Name: Floyd Hines Jr
13. Birthplace: St. Joseph, Mo. (City, town, or county) O (State or foreign country)

MOTHER
14. Maiden name: Laura Cook
15. Birthplace: Forest City, Mo. (City, town, or county) O (State or foreign country)

16. (a) Informant: Floyd Hines Jr
(b) Address: 1809 Mitchell Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Aug 24, 40 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Auburn Cemetery

18. (a) Signature of funeral director: Tracy Barry Funeral
(b) Address: 218 South 10th St Home

19. (a) Aug 24 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 21st year 1940 hour 1 minute 10 A. M.

21. I hereby certify that I attended the deceased from August 12, 1940, to August 20, 1940; that I last saw him alive on August 20, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia due to	4
Hypernephroma	24 hrs
Due to:	
Due to:	
Other conditions: Streptococcic infection (Include pregnancy within 3 months of death)	8 da.

Major findings:
Of operations:

Of autopsy: Uremia due to Hypernephroma and multiple abcesses K. & L. ONLY

PHYSICIAN — Underline the cause to 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: [signature] (M. D. or other) MD
Address: 1102 Hope Bldg Kansas City Mo. Date signed: 8-23-40

(Licensed Embalmer's Statement on Reverse Side)

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 John E. Myers

Licensed Embalmer No. 3220

P. O. Address St. Joseph, 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, above space should be left blank.