

Registration District No. **40**  
Primary Registration District No. **4024**

1. PLACE OF DEATH:  
(a) County **Barton**  
(b) City or town **Lamar**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **Bickel Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **6 days** (Specify whether  
In this community **6 years** years, months or days)

3. (a) PRINT FULL NAME **Blanche Baum Hines**  
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 **Edward G. Hines**  
6. (c) Age of husband or wife if alive **years**  
7. Birth date of deceased **August 26 1877**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **1** Days **27**  
If less than one day hr. min.

9. Birthplace **Reno, Nevada**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **Benton Baum**  
13. Birthplace **Illinois**  
(City, town, or county) (State or foreign country)

14. Maiden name **Maide Small**  
15. Birthplace **Ft. Wayne, Indiana**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Marion Hines**  
(b) Address **Omaha, Nebr.**

17. (a) **Burial** (b) Date thereof **Oct 25 1940**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Kansas City, Mo. Memorial Park Cemetery**

18. (a) Signature of funeral director **Konantz Funeral Home**  
(b) Address **Lamar, Missouri**

19. (a) **Oct 25 1940** (b) **Josephine Konantz**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Barton**  
(c) City or town **Liberal (Rural)**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **RFD #1**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **23rd**  
year **1940** hour **3** minute **30** A.M.  
21. I hereby certify that I attended the deceased from **Sept. 23**  
**1940**, to **October 23**, **1940**;  
that I last saw her alive on **October 23**, **1940**;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Lymphatic Leukemia** Duration **Sept. 28**  
Due to \_\_\_\_\_  
Due to **70 W**  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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? **40**

(Specify type of place) (e) Means of injury \_\_\_\_\_  
While at work \_\_\_\_\_  
23. Signature **Jorn T. Bickel** (M. D. or other **M.D.**)  
Address **Lamar, Mo.** Date signed **Oct 25 1940**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED  
Disposal No. 1140-2839  
District File No. ~~1140-2839~~  
Date Filed NOV. 8 1947

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

*Carl J. Stanton*

Licensed Embalmer No. 2247

P. O. Address Lamar, Missouri,

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.