

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40885
State File No. _____
Registrar's No. 4561

Registration District No. 399

Primary Registration District No. 1002

48
83
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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:
906 East 13th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 048
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 906 East 13th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Delphine N. Hinton
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 5
year 1941 hour 12 minute 10 PM

4. Sex Fe 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Harry H. Hinton
(c) Age of husband or wife if alive years
7. Birth date of deceased No Record
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

8. AGE: Years About 58 Months + Days _____ If less than one day _____ hr. _____ min.

Immediate cause of death
Acute Myocardial Infarction
Coronary Thrombosis
Due to _____
Due to _____

9. Birthplace Calif (City, town, or county) (State or foreign country)
10. Usual occupation At home

Other conditions (Include pregnancy within 3 months of death) 480

11. Industry or business _____
12. Name No Record
13. Birthplace No Record (City, town, or county) (State or foreign country)
14. Maiden name No Record
15. Birthplace No Record (City, town, or county) (State or foreign country)

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant E.M. Anderson
(b) Address 1119 Walnut St.
17. (a) Burial (b) Date thereof Dec 11 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem

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? _____

18. (a) Signature of funeral director Mrs. C.L. Forsters
(b) Address 918 Brooklyn K.C. Mo.
19. (a) Dec. 9, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place)
(c) Means of injury _____
23. Signature Russell W. ... (M. D. or other)
Address _____ Date signed _____

MAY 26 1942

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 *Donald C. Browning*
Licensed Embalmer No. *2724*
P. O. Address *J. C. 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.