

No. 2
-13-40
17-39
K 23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1259

FILED FEB 11 1942

State File No. 243

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: **Jackson**
 (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: **Kansas City General Hospital No. 1**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **12 days**
 (Specify whether
 In this community **25 years**
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **415 Cambridge**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

3. (a) PRINT FULL NAME **Lon Hines**
 (b) If veteran, name war **No**
 (c) Social Security No. **No**

4. Sex **M.** 5. Color or race **W.**
 6. (a) Single, widowed, married, divorced **single**
 (b) Name of husband or wife
 (c) Age of husband or wife if alive **unknown** years
 7. Birth date of deceased **Jan 18 / 42**
 (Month) (Day) (Year)

8. AGE: **42** Years **at 52** Months Days If less than one day
 hr. min.

9. Birthplace **Lorimer, Mo. 1**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Barber**

11. Industry or business

12. Name **Mack Hines**

13. Birthplace **Lorimer, Mo. 1**
 (City, town, or county) (State or foreign country)

14. Maiden name **Patricia Hines**

15. Birthplace **Lorimer, Mo. 1**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mack Hines**

(b) Address **5015 Endicott Ave**

17. (a) **Burial** (b) Date thereof **1 - 42**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Maryland Grove**

18. (a) Signature of funeral director **Street**

(b) Address **1696 Endicott Ave**

19. (a) **1/19/42** (b) **H. M. Crow**
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **18th**
 year **1942** hour **6** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **1-6-42**, 19____, to **1-18-42**, 19____;
 that I last saw him alive on **1-18-42**, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of liver with Hydro-peritoneum**

Due to **124B'**

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See above**

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)

23. Signature **Dwney R. Show** (M. D. or other)

Address **Med. Dir. K. Gen. Hospital** Date signed

Duration

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.....

Licensed Embalmer No.....

P. O. Address.....

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.