No. 2
1-4-41
-17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1260

Primary Registration District No. 1002

Registrar's No. 392

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: 3626 Campbell /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 50 Yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 4

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3626 Campbell
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Theo. Hines

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Male

5. Color or race Wh.

6. (a) Single, widowed, married, divorced 6 Married

6. (b) Name of husband or wife Emma A. Hines

6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased April (Month) 15 (Day) 1870 (Year)

8. AGE: Years 71 | Months 9 | Days 10 | If less than one day ..... hr. ..... min.

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

10. Usual occupation Retired Packing Co.

11. Industry or business .....

FATHER
12. Name Christian Hines
13. Birthplace Germany (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Elizabeth Worth
15. Birthplace Landcaster (City, town, or county) Ill. / (State or foreign country)

16. (a) Informant Emma A. Hines
(b) Address 3626 Campbell

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 1/28/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 26 year 1942 hour ..... minute 1 30/a M.

21. I hereby certify that I attended the deceased from Nov. 15 1941 to Jan 26 1942 that I last saw him alive on Jan 26 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Aortic Insufficiency	
Due to —	
Due to — 92 a	
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? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature Sam H. Snider (M. D. or other)

Address 221 Plaza Med Bldg. Date signed 1/26/42

(Licensed Embalmer's Statement on Reverse Side)

OCT 1 1943

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 Chas Wilkes

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

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

If this body is not embalmed, fact should be so stated above.