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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5390

FILED MAR 9 1942

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 578

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: Lakeside Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days (Specify whether years, months or days)

In this community 8 months.

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street No. 2823 Campbell (If rural, give location) 5

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

If yes, name country

3. (a) PRINT FULL NAME Ernest E. Hinz

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race wh

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

6. (b) Name of husband or wife mary

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

7. Birth date of deceased Sept. 9-1875 (Month) (Day) (Year)

8. AGE: Years 66 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation Painter

11. Industry or business

FATHER
12. Name Ludwick Hinz
13. Birthplace Germany (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Attilia Fenzner
15. Birthplace Germany (City, town, or county) 4 (State or foreign country)

16. (a) Informant Thyra Tindy

(b) Address 21-E 87th. N.Y.C.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof (2-16-42) (Month) (Day) (Year)

(c) Place: burial or cremation St Joseph, Mo

18. (a) Signature of funeral director T. S. Walton

(b) Address K. C. Mo

19. (a) 2/17/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 14 year 42 hour 4:02 minute P M.

21. I hereby certify that I attended the deceased from 6/11/41 to 2/14 1942 that I last saw him alive on 2/14 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Respiratory Paralysis	
Pulmonary Edema	2 days
Due to Cerebral Hemorrhage 3rd attack	
Due to Chronic Hypertension	
Cardio-Renal Vascular Disease	Chronic
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 131a	
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 Dr. [illegible] (M. D. or other)

Address 3034 Harrison Date signed 2/16/42

(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 F. S. Walton

Licensed Embalmer No. 274H

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.