

FILED JUN 27 1942

State File No.

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 2381

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-29-42-6-17-42
(Specify whether years, months or days) 35 years

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. 2445 Forest
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JAMES HYNER

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Minerva Hyner 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December 22 1888
(Month) (Day) (Year)

8. AGE: Years 53 Months 5 Days 26 If less than one day
hr. min.

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

10. Usual occupation Unemployed

MOTHER FATHER { 11. Industry or business.....
12. Name Sam Hyner
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Patsy Robinson
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2
burial

17. (a) (Burial, cremation, or removal) (b) Date thereof 6/20/42
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Stadlins Bros
(b) Address 1729 Lydia

19. (a) 6-20-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17
year 1942 hour 12 minute 15 p. M.

21. I hereby certify that I attended the deceased from April 29 1942 to June 17 1942
that I last saw him alive on June 17 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of Esophagus with metastasis
Duration

Due to 46a
Due to.....

Other conditions Caseous tuberculosis
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy Same as above
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?

While at work? (Specify type of place) (e) Means of injury.....
23. Signature Gen. H. H. H. H. H. (M. D. or other)
Address Gen. H. H. H. H. H. Date signed 6-18-42

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.....
.....
working under my personal supervision.

Signed

Jerome H. Hargrave
.....
Registered Apprentice No.
.....
Licensed Embalmer No. *3994*
.....

P. O. Address

2503 Highland
.....

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.