

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5327  
State File No. ....  
Registrar's No. 1000

FILED MAR 15 1943  
Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kan City  
(c) Name of hospital or institution: 4144 Locust  
(d) Length of stay: In hospital or institution 4 1/2 months  
In this community 4 1/2 months

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kan City Mo  
(d) Street No. 4144 Locust  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Lon Stewart McPinnis  
3. (b) If veteran, name war no  
3. (c) Social Security No. none

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 1 year 1943 hour 5:30 P.M.  
21. I hereby certify that I attended the deceased from Feb 14 1943 to March 1 1943  
that I last saw him alive on Feb 28 1943  
and that death occurred on the 1st date and hour stated above.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marguerite  
6. (c) Age of husband or wife if alive 65 years  
7. Birth date of deceased Feb 27 1869

Immediate cause of death Carcinoma of stomach  
Duration

8. AGE: Years 74 Months 0 Days 24 If less than one day hr. min.

Due to 465  
Due to  
Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Missouri  
10. Usual occupation Candy maker  
11. Industry or business Retired  
12. Name McPinnis  
13. Birthplace Illinois  
14. Maiden name Ellen Stewart  
15. Birthplace Virginia

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

16. (a) Informant Mrs Marguerite McPinnis  
(b) Address 4144 Locust  
17. (a) Burial (b) Date thereof 3/3/43  
(c) Place: burial or cremation St Washingtons Cem  
18. (a) Signature of funeral director Snay McWherry  
(b) Address Riverside + Olive  
19. (a) 3-3-43 (b) M. M. Brown

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work at home (Specify type of place) (e) Means of injury  
23. Signature J. J. Brown (M. D. or other) 3/3  
Address 1010 Prof Ave Date signed

**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. 2560

P. O. Address K.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.**