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5-17-43  
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23888

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED AUG 6 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3157

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:  
1001 Broadway  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 20 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. 1001 Broadway  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Ralph Terry Hinson

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 486-03-8472

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Bernice

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

7. Birth date of deceased November 6, 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>8</u>	<u>10</u>	hr. min.

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

10. Usual occupation Salesman & Instructor

11. Industry or business Foods Aviation

12. Name Benjamin Hinson

13. Birthplace unknown (City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Bernice Hinson

(b) Address Parkville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 19, 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Joyce Funeral Home

(b) Address 3146 Wash St

19. (a) 7-19-43 (Date received local registrar) (b) S. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1943 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from 19 to 19; that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death Crown and subdural chronic degenerative brain  
arterio-sclerosis

Due to arterio-sclerosis

Due to 93d

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Autopsy

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 C. E. Eichel 3 (M.D. or other)  
Address Leans Date signed 7/24/43

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

MOTHER, FATHER

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

**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 *Park G. Rowe*.....

Licensed Embalmer No. *2347*.....

P. O. Address *11 E 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.**