

No. 2
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 11 1948
Registration District No. 1048

Primary Registration District No. 5574

Registrar's No. 2

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Van Buren
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1 1/2 mi West of Lone Jack (Haller Farm)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Van Buren Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 3 mi West of Lone Jack
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Alexander A. Pine

3. (b) If veteran, name war no

3. (c) Social Security No. 487-09-9700

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 27
year 1944 hour 18 minute 45 A.M.

21. I hereby certify that I attended the deceased from Apr 20
1944 to Apr 27, 1944
that I last saw him alive on Apr 27, 1944
and that death occurred on the 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 Pauline Pine

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Oct 3-1901
(Month) (Day) (Year)

Immediate cause of death acute myocarditis

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) 93a

8. AGE: Years Months Days If less than one day

42 6 24 hr. min.

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

10. Usual occupation Carpenter + Farmer

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business General

12. Name Andrew Pine

13. Birthplace Wells Co Ind
(City, town, or county) (State or foreign country)

14. Maiden name Dora Huffman

15. Birthplace Wells Co Ind
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Pauline Pine

(b) Address Lee's Summit Mo R.R.#1

17. (a) Burial (b) Date thereof 4-30-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Koehn Cemetery

18. (a) Signature of funeral director W. B. Lange

(b) Address Lee's Summit Mo

19. (a) 4/28/1944 (b) Mrs Clifford Hunt
(Date received local registrar) (Registrar's signature)

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 John C. Sader (M.D. or D.O.)
Address Lone Jack Date signed Apr 27 1944

40191

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 N. B. Langford
Licensed Embalmer No. 3833
P. O. Address Leis Summit

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.