No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 23 1944

Registration District No. 719

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 20874

Registrar's No. 2485

48

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 8018 Independence Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: (Specify whether years, months or days)
In this community: 40 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.: 8018 Indep. Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No): 0
If yes, name country:

3. (a) PRINT FULL NAME: Harrison Hines
3. (b) If veteran, name war: No
3. (c) Social Security No.: 487-05-3603
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Elizabeth Hines
6. (c) Age of husband or wife if alive: 49 years
7. Birth date of deceased: April 8, 1893 (Month) (Day) (Year)

8. AGE: Years 51 | Months 2 | Days 1 | If less than one day ___ hr. ___ min.

9. Birthplace: Sommerset Ky (City, town, or county) (State or foreign country)
10. Usual occupation: Shearman
11. Industry or business: Sheffield Steel Corp.
FATHER
12. Name: Mack Hines
13. Birthplace: Sommerset Ky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Victoria Frances Vanhook
15. Birthplace: Sommerset Ky (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Elizabeth Hines
(b) Address: 8018 Indep. Ave. K.C.Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: June 12-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills Cemetery
18. (a) Signature of funeral director: Sheil Funeral Home
(b) Address: K.C.Mo.
19. (a) 6-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: June day: 9
year: 1944 hour: 1 minute: 30 A M.

21. I hereby certify that I attended the deceased from June 1938 to June 9 1944; that I last saw him alive on June 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Cardiac Dilation
Due to: Chronic Myocarditis
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy:

Duration

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: Fred Bammer (M. D. or other) M.D.
Address: Indep. Mo. Date signed: 6-9-44

(Licensed Embalmer's Statement on Reverse Side)

Dr. Fred Zaumar
113½ W Lexington

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.....

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.