

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

FILED NOV 13 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:
4200 WALNUT STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 51 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY 48
(If outside city or town limits, write "RURAL")
(d) Street No. 4200 WALNUT STREET 3
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MRS LILLIAN BEULAH HINDMAN
3. (b) If veteran, name war No
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCTOBER day 26TH
year 1944 hour 5 minute 54 A.M.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR GEORGE G. HINDMAN 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased JANUARY 10 1868 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1939 to Oct 26 1944
that I last saw her alive on Oct 25 1944
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis Duration 18 yrs

8. AGE: Years 76 Months 9 Days 16 If less than one day hr. min.

Due to Chronic nephritis 20 yrs

9. Birthplace LEWIS COUNTY MISSOURI (City, town, or county) (State or foreign country)

Due to

10. Usual occupation AT HOME

Other conditions (Include pregnancy within 3 months of death) 131 1/2

11. Industry or business

Major findings: Of operations

MOTHER FATHER { 12. Name LEDNIDAS PINER
13. Birthplace 1 KENTUCKY (City, town, or county) (State or foreign country)

Of autopsy

14. Maiden name ELIZABETH LEWIS
15. Birthplace 1 KENTUCKY (City, town, or county) (State or foreign country)

Underline the cause to which death should be charged statistically.

16. (a) Informant MISS RUTH HINDMAN
(b) Address 4200 WALNUT STREET

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence

17. (a) BURIAL (b) Date thereof OCT 28 1944 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON CEM

(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?

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 BROUGH CREEK BLYD

While at work? (Specify type of place) (e) Means of injury
23. Signature E. W. Shusher (M. D. or other)
Address 900 Rialto Bldg KC Date signed 10-26-44

19. (a) 10-27-44 (b) N. E. Brown (Date received local registrar) (Registrar's signature)

