

FILED OCT 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4084

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9-27-44-10-8-44
(Specify whether
 In this community Unknown
years, months or days)

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. 1525 Brooklyn
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME DORA HINES
 (b) If veteran, name war N/G
 (c) Social Security No. NONE

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 8
 year 1944 hour 5:15 minute A. M.
 21. I hereby certify that I attended the deceased from Sept. 27
1944 to Oct. 8, 1944.

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife unk. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased: Feb. 23 1899
(Month) (Day) (Year)

that I last saw h. im alive on Oct. 8, 1944,
 and that death occurred on the date and hour stated above.
 Immediate cause of death Probable carcinoma of Cecum
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>7</u>	<u>15</u>	hr. _____ min.

Due to _____
 Due to _____

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

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name James Pair
 13. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Starks
 15. Birthplace Jefferson City Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address Gen. Hosp. #2

17. (a) Lincoln (b) Date thereof 10-11-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Kenya
 18. (a) Signature of funeral director Wm. Greenstreet
 (b) Address 1819 E. 15th St. K.C. Mo.

19. (a) 10-11-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

While at work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature E. J. Turner (M. D. or other) _____
 Address Gen. Hosp. #2 600 E. 22nd Date signed 10-9-44

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

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 *W. G. Flynn*

Licensed Embalmer No. *4383*

P. O. Address *1819 E. 15th*

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.