S. No. 2
M—8-43
7. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 5 1945

Registration District No. 199

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8624

Primary Registration District No. 1002

Registrar's No. 1343

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 #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2-25-45-3-5-45 (Specify whether years, months or days)

In this community about 40 yrs.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1901 E. 16 St. 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JAMES HINER

3. (b) If veteran, name war no

3. (c) Social Security No. 510-07-3776

4. Sex Male 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Hattie Hiner

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Dec. 22, 1889
(Month) (Day) (Year)

8. AGE: Years 55 Months 2 Days 13 If less than one day hr. min.

9. Birthplace Haynes Station Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation ~~None~~ Laborer

11. Industry or business

MOTHER FATHER

12. Name Lewis Hiner

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

14. Maiden name Julie

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/23/45 (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem. Leavenworth Bluff

18. (a) Signature of funeral director

(b) Address 1212 Vine St., K.C., Mo

19. (a) 3-23-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5 year 1945 hour 5:45 minute P M.

21. I hereby certify that I attended the deceased from February 25, 1945, to March 5, 1945, that I last saw him alive on March 5, 1945, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Rheumatic Type Heart Disease	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 95 lb	
Major findings: Of operations	
Of autopsy	

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 (M. D.)

Address Gen. Hosp. #2-6006 22 Date signed 3-6-45

(Licensed Embalmer's Statement on Reverse Side)

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. E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address. 1212 Vine

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.