

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **3737**

1. PLACE OF DEATH:
 (a) County **JACKSON**
 (b) City or town **JACKSON**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **General Hosp No. 20**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **30 MIN.**
(Specify whether years, months or days)
 In this community **ABOUT 8 YRS.**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MO.** (b) County **JACKSON**
 (c) City or town **CEMENT CITY**
(If outside city or town limits, write "RURAL" and name of township)
 (d) Street No. **SECTION HAND P.R.**
(If rural, give location)
 (e) Citizen of foreign country? **NO.** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Cleo Hines**
 3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **440-20-2733**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **8** day **27**
 year **1948** hour **7** minute **P.** M.
 21. I hereby certify that I attended the deceased from **Deputy** to **Coroner**, 19____
 that I last saw _____ alive on _____, 19____
 and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive **UNKNOWN**
 7. Birth date of deceased: **AUG. 19, 1919**
(Month) (Day) (Year)

Immediate cause of death **Shock**
 Due to **Internal Hemorrhage**
 Due to **Stab Wound upper left chest**
 Other conditions (include pregnancy within 3 months of death) **101**

8. AGE: Years **29** Months **-** Days **8** If less than one day _____ hr. _____ min.

Major findings: Of operations _____
 Of autopsy **No-Permit**

9. Birthplace **CEMENT CITY, MO.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **SECTION HAND**

PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business **RAIL ROAD**
 12. Name **UNKNOWN**
 13. Birthplace **UNKNOWN**
(City, town, or county) (State or foreign country)
 14. Maiden name **PINKIE ROBERTS**
 15. Birthplace **CREEK CO., OKLA.**
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) **Homicide**
 (b) Date of occurrence **8-27-48**
 (c) Where did injury occur? **11 E. JACKSON - MO.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
11th Street - 1827 Harrison
 While at work? **NO** (Specify type of place) (c) Means of injury **Stab Wound**

16. (a) Informant **PEARL ROBERTS**
 (b) Address **1820 GROVE ST.**
 17. (a) **BURIAL** (Burial, cremation, or removal) (b) Date thereof **SEPT. 13, 1948**
(Month) (Day) (Year)
 (c) Place: burial or cremation **FLORHAMPTON, MO.**

23. Signature **J. H. Williams** (M. D. or other) **30**
 Address **2636 - Brooklyne** Date signed _____

18. (a) Signature of funeral director **W. E. Adams**
 (b) Address **1513 T. POST AVE**
 19. (a) **9-13-48** (Date received local registrar) (b) **W. H. Williams** (Registrar's signature)

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

8
11
12

8-31-48

OCT 7 1948

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 C. L. Davis

Licensed Embalmer No. 4417

~~Address~~ W. C. Co.

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.