

S. No. 2
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5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 6 1948

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32931
Registrar's No. 4311

Registration District No. 149 Primary Registration District No. 1002

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

MOTHER'S maiden name
Cora Layoff of the State

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. 1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. (Specify whether
In this community 2 yrs years, months or days) (Specify whether
Harry Walker Hindman

3. (a) PRINT FULL NAME Harry W. Hindman
3. (b) If veteran, name war no 3. (c) Social Security No. 511-09-1966

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Marjorie Hindman
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased Feb. 17, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 8 4 hr. min.

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

Usual occupation laborer

1. Industry or business Empire Cold Storage

12. Name Joseph Hindman

13. Birthplace Marionville, Ill.
(City, town, or county) (State or foreign country)

14. Maiden name Marjorie Walker

15. Birthplace Keokukville, Mo.
(City, town, or county) (State or foreign country)

16. Informant WSP Records

17. (a) Address Gen. Hosp. #1
(b) Date thereof Oct. 21, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kipland Park, K.C.M.

18. (a) Signature of funeral director R. C. R. R.
(b) Address 322 No. 7th St., K.C.M.

19. (a) 10-23-48 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2709 Rochester
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 21
year 1948 hour 6 minute 30 A. M.

21. I hereby certify that I attended the deceased from
Sept. 20, 1948 to Oct. 21, 1948
that I last saw him alive on Oct. 21, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Lymphosarcoma
Generalized in lymph system

Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death) 552

PHYSICIAN
Major findings: Of operations.....
Of autopsy See above
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? Wm. W. Hart (Specify type of place) (e) Means of injury 0
Signature Wm. W. Hart (M.D. or other) MD
Address Med. Dir. Gen'l Hosp. Date signed 10-21-48

Dr. Campbell

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 *George A. Reising*
Licensed Embalmer No. *4468*
P. O. Address *Kansas City, Kansas*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Mo.
County of Jackson ss.

State File No. 32931.48

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. _____

On this 27th day of January, 1949, before me appears Margie May Hindman, who, upon her oath, states that the original record of ~~birth~~ death for Harry Tracker Hindman died October 21, 1948 in the State of Missouri, and which was filed at Kansas City on 10-23, 1948 should be corrected as follows:

Item No. _____ should read _____

Instead of _____

Item No. 3 should read Harry Tracker Hindman

Instead of Harry N. Hindman

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Margie May Hindman (Widow)
Relationship.

510, No. Hobbsch
Present Address.

K. C. Mo.

Subscribed and sworn to before me this 27th day of January, 1949.

My Commission expires Oct. 21, 1951 Carrie M. Puppelius Notary Public.

