

REC'D NOV 21 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

34552
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 100
 (c) City Kansas City, Mo. (d) Street No. Research Hospital, K.C. Mo. Registered No. 3888
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Jacob Deines

(a) Residence, No. 1025 Summitt Street, K.C. Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna Elizabeth
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20th, 1869
 7. AGE YEARS 69 MONTHS 4 DAYS 14 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Rooming House
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

FATHER 13. NAME Henry Deines

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

MOTHER 15. MAIDEN NAME Marie Rein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Russia

17. INFORMANT (ADDRESS) Mrs. Anna Deines, 1025 Summitt Street, K.C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Not known DATE October 7-1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster, 918 Brooklyn Avenue, K.C. Mo.

20. FILED Oct 6 1938 J. D. Crome Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 4th, 1938

22. I HEREBY CERTIFY, That I attended deceased from J. J. Deines 8/25, 1938, to 10/4/38, 19...

I last saw him alive on 10/4/38, 19... Death is said to have occurred on the date stated above, at P.m.

The principal cause of death and related causes of importance were as follows:

General Carcinomatosis
Pulmonary Congestion - Acute

Date of onset

Other contributory causes of importance:

Carcinoma Harynx
Anemia

Name of operation None Date of 10/4/38
 What test confirmed diagnosis? Autopsy Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19...

Where did injury occur? (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place:

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? If so, specify No
 (Signed) S. C. ..., M. D.

(Address) 1019 ...

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Prof. Bldg., City.
Ph: _____

January 21, 1950, PM

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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, above space should be left blank.