

Registration District No. 299

Primary Registration District No. 1002

Registrar's No.

4204

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: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 172 DAYS
(Specify whether years, months or days)
In this community 29 YEARS

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. 716 GLEED TERRACE
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years

3. (a) PRINT FULL NAME MRCARROLL HAMILTON AINES

3. (b) If veteran, name war WORLD WAR 3. (c) Social Security No. 499-07-6670

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife HELEN SERVATIUS AINES 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased JUNE 30 1898
(Month) (Day) (Year)

8. AGE: Years 50 Months 4 Days 1 If less than one day hr. _____ min. _____

9. Birthplace GRAYSON MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation OPERATING MANAGER

11. Industry or business LINWOOD ICE CREAM CO.

12. Name LEWIS GILBERT AINES

13. Birthplace WHITING VERMONT
(City, town, or county) (State or foreign country)

14. Maiden name MARTHA ELIZABETH HOPKINS

15. Birthplace PALMYRA MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature _____

(b) Address 1434 EAST 78TH STREET

17. (a) BURIAL (b) Date thereof NOV. 3 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD

19. (a) Nov 3 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 1 year 1939 hour 6:25 minute _____ P. M.

21. I hereby certify that I attended the deceased from 2-23, 1936, to Nov 1, 1939

that I last saw him alive on Nov 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Thrombo-cytopenic purpura

Due to Sarcoma of left adrenal gland

Due to _____

Other conditions (Include pregnancy within 3 months of death) 51

Major findings: Of operations _____

Of autopsy: the above findings

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) (e) Means of injury _____

23. Signature Vito Harry Pazman (M. D. _____)

Address 818 Jefferson Bldg Date signed 12-39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

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.

818 Professional Registry
9:50-12

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 M. Collier

Licensed Embalmer No. 3839

P. O. Address H.C. Mo.

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.