

REC'D SEP 13 1938

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

27951

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township How Primary Registration District No. 1002
(c) City Jackson City (d) Street No. 5744 Cherry St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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.

Registered No. 3262

2. PRINT FULL NAME

Geo. Gillespie Hindman 535
(a) Residence, No. 5744 Cherry 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 Lillian B. Hindman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 11

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. Pres. Mrs. Co. Wash. D.C.
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) Island City Missouri

FATHER 13. NAME Gillespie Hindman

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hagerstown Indiana

MOTHER 15. MAIDEN NAME Lillie Brown

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

17. INFORMANT (ADDRESS) Ms. Lillian B. Hindman 5744 Cherry

18. BURIAL, CREMATION, OR REMOVAL PLACE Wm Washington DATE Aug 18 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. H. Newcomer 535 Bushcreek + Passes

20. FILED Aug 17, 1938 M. M. Brown Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 1920, to Aug 16, 1938

I last saw him alive on Aug 16, 1938. Death is said to have occurred on the date stated above, at 10 P. M.

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

UræmiaDate of onset 8-1-38

Other contributory causes of importance:

Chronic nephritis1920

Name of operation _____ Date of _____

What test confirmed diagnosis? Physical signs Was there an autopsy? no

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? no

If so, specify _____

(Signed) E. H. Glushko M. D.(Address) 806 North Bldg. T. C. mo

Francis Bely
U1-29660
12-3

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..... *Neil Carr*

Licensed Embalmer No. *3976*

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.