REC'D JAN 9 1939

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

42601
Do not use this space.

1. PLACE OF DEATH
(a) County: Cape Girardeau | Registration District No.: 125
(b) Township: Cape Girardeau | Primary Registration District No.: 3009 | Registered No.: 377
(c) City: Cape Girardeau (d) Street No.: S.E. Mo Hospital 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.
5 yrs.

16 / 1 / 4

2. PRINT FULL NAME: Norma Gene Hinkle
(a) Residence, No.: Gipsy, Mo. St. ☐ Gipsy Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 8-8-1923

7. AGE: Years 13 | Months 4 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Student
9. Industry or business in which work was done, as saw mill, bank, etc.:
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): Gipsy, Mo

FATHER
13. NAME: W. O. Hinkle
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Zalma, Mo

MOTHER
15. MAIDEN NAME: Mary Thomas
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brush Creek, Mo

17. INFORMANT (ADDRESS): W. O. Hinkle

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gipsy Mo DATE: 12-13-38

19. FUNERAL DIRECTOR (NAME): Baker Funeral Home
(ADDRESS): Puterville Mo

20. FILED 12-11-1938 J. M. Hampton
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 11, 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1938 to 12/11, 1938
I last saw he alive on 12/11, 1938. Death is said to have occurred on the date stated above, at 3.50 p.m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset: about 1930.
(Scarlet fever 1930)
N.S.C.

Other contributory causes of importance:
Acute follicular Tonsillitis
about Dec 1-38

Name of operation: Date of:
What test confirmed diagnosis? None 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) George H. Walker, M. D.
(Address) Cape Girardeau Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

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, ...

Arthur J. Baker, or by .....

Registered Apprentice No. 3735, working under my personal supervision.

Signed A. J. Baker

Licensed Embalmer No. 2735

P. O. Address Tuberville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.