REC'D FEB 28 1939

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

4089
Do not use this space.

1. PLACE OF DEATH
(a) County Stoddard — Registration District No. 839
(b) Township — Primary Registration District No. 4510 — Registered No. 2
(c) City Essex — (d) Street No. ..... 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.

2. PRINT FULL NAME Charlotte Catherine Hinman
(a) Residence, No. ..... St. ☐ .....
(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): Widowed

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF: Geo. W. Hinman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 8, 1865

7. AGE: YEARS 73 — MONTHS 5 — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housekeeper
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): Indiana

FATHER
13. NAME: Carleton Ketcham
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER
15. MAIDEN NAME: Emily Holder
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): Clyde Hinman, Dexter, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Essex, Mo. DATE: 1/17/39, 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Blankenship-Strickland, Dexter, Mo.

20. FILED 1-16, 1938 J. P. Brandon, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1/15/39, 19

22. I HEREBY CERTIFY, That I attended deceased from 11-2-, 1938, to 1-15-, 1939. I last saw her alive on 1-15-, 1939. Death is said to have occurred on the date stated above, at 7 pm m.
The principal cause of death and related causes of importance were as follows:
Angina Pectoris, 94 N — Date of onset: 11/38

Other contributory causes of importance:

Name of operation: None — Date of .....
What test confirmed diagnosis: Clinical — 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?
If so, specify
(Signed) J. P. Brandon, M. D.
(Address) Essex, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, J. E. Stuckstad ~~, or by~~

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

Signed J E Stuckstad

Licensed Embalmer No. 3479

P. O. Address Dexter, Mo.

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

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