

RECORD WITH CIRCUMSTANCES OF DEATH IS A PERMANENT RECORD

REC'D JUN 13 1939

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

19246  
Do not use this space.

### 1. PLACE OF DEATH

(a) County Mississippi Registration District No. 566  
 (b) Township Ohio Primary Registration District No. 5762 Registered No. 50  
 (c) City Wyaatt (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number)  
 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

### 2. PRINT FULL NAME

5709 Martin Luther Hinchey  
 (a) Residence, No. Wyaatt 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 Maggie B. Hinchey  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20 - 1881  
 7. AGE YEARS 57 MONTHS 11 DAYS 19 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. Carpenter  
 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) Lebanon Ky.

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs Maggie B. Hinchey Wyaatt Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE May 11th 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Davis Funeral Services Charleston Mo.

20. FILED 57-12- 19. 39 F. D. Brown Local Registrar

### MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 9th 1939  
 22. I HEREBY CERTIFY, That I attended deceased from on May 9, 1939, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on May 2, 1939 Death is said to have occurred on the date stated above, at 3:30 p.m.  
 The principal cause of death and related causes of importance were as follows:

Embolic (earney) Date of onset 5/9/39  
121  
 Other contributory causes of importance: Had had appendectomy on 5/11/39

Name of operation Appendectomy Date of \_\_\_\_\_ 5/11/39  
 What test confirmed diagnosis Ch. Sympt. 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 S. Olga Koenig M. D.  
 (Signed) Charleston Mo  
 (Address) \_\_\_\_\_

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.

STATE OF MISSISSIPPI  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

**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, .....

*Thomas E. Bass*

....., or by .....

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

Signed *Thomas E. Bass*

Licensed Embalmer No. *3977*

P. O. Address *Charleston 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.**