WRITE PLAINLY, WITH UNFADING INK--THIS IS 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.

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REC'D JUL 18 1939

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

22541
Do not use this space.

1. PLACE OF DEATH
(a) County Lewis 2
(b) Township La Belle 1
(c) City La Belle
Registration District No. 479
Primary Registration District No. 4288
Registered No.
(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 525 Lucy Boone Hinson
(a) Residence, No. La Belle, Mo 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 George W. Hinson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9 1852
7. AGE YEARS 86 MONTHS 8 DAYS 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeping
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) Near Williamstown Mo Lewis, Co.

FATHER
13. NAME Granville Boon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Julia Boone (unknown)
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't Know

17. INFORMANT (ADDRESS) Mrs Helen Conradie La Belle Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE La Belle Cemetery DATE June 15, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) James T. Coder & Son's
20. FILED 6/15, 1939 J L Bourn Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14th, 1939
22. I HEREBY CERTIFY, That I attended deceased from June 3rd, 1939, to June 14th, 1939
I last saw her alive on June 13th, 1939 Death is said to have occurred on the date stated above, at 4.10 AM
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage — Date of onset June 11th
Other contributory causes of importance: 82 W
Arterio-Sclerosis
Name of operation ✓ Date of
What test confirmed diagnosis? ✓ Was there an autopsy?
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) A H Pillard, M. D.
(Address) La Belle, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 7-39-1162
Date Filed JUL 8 1939

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, Norman D. Coder; or by

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

Signed Norman D. Coder

Licensed Embalmer No. 3721

P. O. Address LaBelle, 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.