

AUG 11 1939

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

25287

Do not use this space.

23

## 1. PLACE OF DEATH

(a) County Cape Girardeau Registration District No. 124  
(b) Township Jackson Mo Primary Registration District No. 4070 Registered No. 23  
(c) City Jackson Mo (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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

524 Jacob Lewis Hinkle  
(a) Residence, No. Jackson 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lou Wilson Hinkle</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12, 1850</u>				
7. AGE	YEARS <u>89</u>	MONTHS <u>3</u>	DAYS <u>28</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as lawyer, bookkeeper, etc. <u>Retired Merchant</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Retired Merchant</u>			
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) <u>Mo Cape Girardeau County</u>				
FATHER	13. NAME <u>Louis Hinkle</u>			
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Cape Girardeau County</u>				
MOTHER	15. MAIDEN NAME <u>Margaret Fulbright</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo Cape Girardeau County</u>				
17. INFORMANT <u>Mrs. Bettie Steths</u> (ADDRESS) <u>Jackson Mo</u>				
18. BURIAL, CREMATION OR REMOVAL PLACE <u>City Cemetery</u> DATE <u>July 12</u> 19 <u>39</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Macke-Wilson-Statler</u> <u>Jackson Mo</u>				
20. FILED <u>7-12</u> 19 <u>39</u> <u>D. S. Schmit</u> Local Registrar.				

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-27, 1936 to 7-10, 1939  
I last saw him alive on 7-10, 1939 Death is said to have occurred on the date stated above, at 9:00 p.m.  
The principal cause of death and related causes of importance were as follows:

Date of onset \_\_\_\_\_

Pneumonia (Hypostatic)

Other contributory causes of importance: - 93

① - Myocarditis  
② - Arterio-sclerosis  
③ - Senility  
④ - Emphysema (Senile)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No 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) Albert M. Cates M. D.  
(Address) Jackson Mo

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

*Glenn Wilson*

Licensed Embalmer No.

*2828*

P. O. Address

*JACKSON 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.