

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

**31764**  
Do not use this space.

1. PLACE OF DEATH <sup>1342</sup> **OCT 23 1939**

(a) County Audrain Registration District No. 921  
 (b) Township Lewis Primary Registration District No. 4559 6235 Registered No. \_\_\_\_\_  
 (c) City \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 9 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME <sup>535</sup> William Martin Hinton  
 (a) Residence, No. A. D. #3 Ludlow, 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 Margie Hinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 14, 1875

7. AGE YEARS 64 MONTHS 2 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer

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) West Virginia

FATHER 13. NAME Ruben Hinton

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

MOTHER 15. MAIDEN NAME Catharine Baker

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkison

17. INFORMANT (ADDRESS) Mrs. S. E. Davis, Mexico, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City, Mo DATE April 4, 1939

19. FUNERAL DIRECTOR (ADDRESS) H. H. Pruebs & Son, Mexico, Mo

20. FILED Oct 9, 1939 W. H. Hag Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 2, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939, to Apr. 2, 1939  
 I last saw him alive on Apr. 2, 1939. Death is said to have occurred on the date stated above, at 2 P.M.

The principal cause of death and related causes of importance were as follows:  
Carcinoma of Stomach with Hemorrhage Date of onset 1939

Other contributory causes of importance: 46

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Symptoms 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) R. B. Paige, M.D.  
 (Address) L. Adair, Mo

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.

SOM-7-20-37 I 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Earl E. Puckett, Licensed Embalmer No. 3189

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Earl E. Puckett

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Earl E. Puckett

Licensed Embalmer No. 3189

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.)

*Mexico Mo.*