

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **34848**  
Registrar's No. **3823**

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(c) Name of hospital or institution: 4314 Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution unk.  
In this community unk. (Specify whether years, months or days)

8. (a) PRINT FULL NAME Mrs. Lola B. Hinchman 525

8. (b) If veteran, name war — 8. (c) Social Security No. None

4. Sex Fem. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Edward L. Hinchman 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Jan. 11 1870  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>8</u>	<u>21</u>	hr. min.

9. Birthplace Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business 9

MOTHER FATHER { 12. Name Claude Oliphant

13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

14. Maiden name Roeana Mann

15. Birthplace Don't Know  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature E. L. Hinchman

(b) Address 4314 Campbell

17. (a) Burial (b) Date thereof Oct 4 1939  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mr. Moriah

18. (a) Signature of funeral director R. V. Lindsey & Son

(b) Address 3811 Broadway

19. (a) Oct 3 / 39 (b) M. M. Browne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4314 Campbell  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? — years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 2  
year 1939 hour 12 Midnight minutes — M.

21. I hereby certify that I attended the deceased from Sept 6, 1939, to Oct 1, 1939; that I last saw her alive on Oct 1, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death degenerative myocarditis with pulmonary edema  
Due to Chronic myocarditis 93%  
Due to —

Other conditions High Blood Pressure  
(Include pregnancy within 3 months of death) 2 yrs

Major findings: Of operations —  
Of autopsy —

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) —  
(b) Date of occurrence —  
(c) Where did injury occur? — (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? —

23. Signature R. E. Schorn (M. D. or other) —  
Address 243 W. 13th Bldg Date signed Oct 2-39

Duration 1 month 3 days  
1 yr  
2 yrs  
PHYSICIAN —  
Underline the cause to which death should be charged statistically

WRITE LEGIBLY—USE UNFADING BLACK INK—MAKE 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.

I X1511

On Release  
18-12  
18-12

**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 Ralph E. Mills, Registered Apprentice No. 164 working under my personal supervision.

Signed Josiah Hecker  
Licensed Embalmer No. 3738  
P. O. Address [Signature]

**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.**