REC NOV 7 1939

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

35415
Do not use this space.

1. PLACE OF DEATH
(a) County Barry 2 Registration District No. 31
(b) Township Wheaton 1 Primary Registration District No. 5042 c Registered No. 42
(c) City ..... (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 7 yrs. 7 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary L. Hines
(a) Residence, No. Purdy R. 2 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 F
4. COLOR OR RACE W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Hines
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27 1881
7. AGE Years 58 Months 1 Days 24 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. Housework
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) Mo. O

FATHER
13. NAME D. K. ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K. ?

MOTHER
15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT Charles Hines (ADDRESS) Purdy, R. 1
18. BURIAL, CREMATION, OR REMOVAL PLACE Murney Cem. DATE Oct 21 1939
19. FUNERAL DIRECTOR (NAME) Wheaton Funeral Home (ADDRESS) Wheaton Mo
20. FILED Oct 27 1939 Donald Blankenship Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21st 1939
22. I HEREBY CERTIFY, That I attended deceased from Jan 1934 to Oct 19 1934
Last saw h..... alive on Oct 19 1934 Death is said to have occurred on the date stated above, at 6.30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Regurgitation	
of long Standing	

Other contributory causes of importance: None

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) L. D. Freeman M. D.
(Address) Purdy Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

X14028

RECEIVED
District Health Officer No. 6,
District File Number 1139-21443
Date Filed NOV 2 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, _____, or by Jack Canada,

Registered Apprentice No. 225, working under my personal supervision.

Signed G. E. Culver

Licensed Embalmer No. 3584

P. O. Address Cassville, 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.