

Registration District No. 266 (1940)

Primary Registration District No. 4164

1. PLACE OF DEATH:  
(a) County Deut  
(b) City or town Salem  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location) 2  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 63 years (Specify whether \_\_\_\_\_)

8. (a) PRINT FULL NAME Elizabeth Hines  
8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife Simon L. Hines 6. (c) Age of husband or wife if alive 68 years  
7. Birth date of deceased 10 15 - 1875 (Month) (Day) (Year)

8. AGE: Years 64 Months 3 Days 22 If less than one day \_\_\_\_\_ hr. min.

9. Birthplace Deut Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name Newton A. McFlesh  
13. Birthplace Deut/Know (City, town, or county) (State or foreign country)  
14. Maiden name E. Black  
15. Birthplace Deut/Know (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Dorothy Spiner  
(b) Address Salem Mo.

17. (a) Burial (b) Date thereof 2-9-40 (Month) (Day) (Year)  
(c) Place: burial or cremation Cedar Grove

18. (a) Signature of funeral director Hobart Hamilton  
(b) Address Salem Mo.

19. (a) February 9, 1940 (b) E. Bluth (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo. (b) County Deut  
(c) City or town Salem (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day Leh year 1940 hour \_\_\_\_\_ minute 8-10 M.  
21. I hereby certify that I attended the deceased from Feb 4 to Feb 8 1940  
that I last saw him alive on Feb 6 and that death occurred on the date and hour stated above. 1940

Immediate cause of death Acute Pericarditis Duration 4 days

Due to \_\_\_\_\_  
Due to Acute Rheumatism and Influenza  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations r Of autopsy no  
PHYSICIAN \_\_\_\_\_ Underline the cause to which death should be charged statistically.

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature W. H. Dickey (M. D. or other) M.D.  
Address Salem Mo. Date signed 2-9-40

WRITE PLAINLY—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.

**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.

**RECEIVED**

District Health Officer No. 5,

District File Number 240333

Date Filed 3/2/40

Signed N. D. Hoban

Licensed Embalmer No. 928

P. O. Address Salem 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.**