

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 10296
 Registrar's No. 437

Registration District No. 35 Primary Registration District No. 1001

1. PLACE OF DEATH:
 (a) County Buchanan
 (b) City or town St. Joseph
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2716 Patee Street,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
 In this community Life time
 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Arthur Maple Hinckley 524
 3. (b) If veteran, name war None
 3. (c) Social Security No. 797-052987

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Mayme Hinckley 6. (c) Age of husband or wife if alive 60 years
 7. Birth date of deceased March 31, 1885
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>0</u>	<u>13</u>	hr. min.

9. Birthplace St. Joseph Missouri
 (City, town, or county) (State or foreign country)

10. Usual occupation Machinist

11. Industry or business C.B. & Q. R.R.

12. Name Herbert Hinckley
 13. Birthplace Pittsburg Penn
 (City, town, or county) (State or foreign country)
 14. Maiden name Anna Elizabeth Veitsch
 15. Birthplace Georgetown Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mayme Hinckley
 (b) Address 2716 Patee Str. St. Joseph, Mo.

17. (a) Burial (b) Date thereof Apr. 16, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Olivet Cemetery

18. (a) Signature of funeral director Norman W. Duda
 (b) Address 1802 Union Str. St. Joseph, Mo.

19. (a) Apr. 15, 1940 (b) A. J. [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Buchanan
 (c) City or town St. Joseph
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2716 Patee
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 14th
 year 1940 hour 2 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 4, 1940, to April 14, 1940, that I last saw him alive on Apr. 13, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Arterio-Sclerosis Hypertension
 Duration _____

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____
 Major findings: _____
 Of operations _____
 Of autopsy _____

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) y
 (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 W. H. [Signature] (Specify type of place) _____
 While at work? _____ (c) Means of injury _____
 23. Signature W. H. [Signature] (M. D. or other) _____
 Address 825 Charles Date signed 4/15/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

132
SEP 30 1947

112 V
100-140
222-141

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 *Albert P. Harrington*.....

Licensed Embalmer No. 3258.....

P. O. Address St. Joseph, 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10296
Registrar's No. 437

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 85

Primary Registration District No. 1001

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Buchanan
(b) City or town St Joseph
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME Arthur Maple Hincley
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)

8. AGE: Years 52 Months 0 Days 13 If less than one day _____ hr _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER { 12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____ (Month) _____ (Day) _____ (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 5-29-40 (b) A. J. Heath (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____ (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.

20. DATE OF DEATH: Month Apr day 14 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Ch. hepatitis
General arteriosclerosis
Due to Hypertension

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death) 131

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature F. S. Thompson (If "P" or other)

Address St Joseph Mo Date signed _____

SUPPLEMENTAL

PHYSICIAN
Underline the cause to which death should be charged statistically.

S-10296 1940