

FILED APR 8 1940

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Slant 11971

State File No. _____

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 116

1. PLACE OF DEATH:

(a) County Pettis
(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bothwell Hospital
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ernest Hinton
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Blanche Hinton 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14, 1900
(Month) (Day) (Year)

8. AGE: Years 39 Months 9 Days 7 If less than one day hr. _____ min. _____

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

10. Usual occupation Brakeman

11. Industry or business Railroad MoP.

MOTHER FATHER { 12. Name Levi Hinton
18. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Driskell
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Ernest Hinton
(b) Address Sedalia, Mo. Route # 6.

17. (a) Burial (b) Date thereof Mar. 23/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill

18. (a) Signature of funeral director Gillespie Funeral Home
(b) Address Sedalia, Mo.

19. (a) 3-23-40 (b) Mrs. Harry Sneed
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia Rural # 6.
(If outside city or town limits write "RURAL")
(d) Street No. Rural # 6.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1940 hour 5 minute 00 P. M.

21. I hereby certify that I attended the deceased from 3-15, 1940, to 3-21, 1940.
that I last saw him alive on 3-21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonitis Duration _____

Due to Ruptured duodenal ulcer

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

Major findings: Ruptured duodenal ulcer
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) _____
(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 Jordan Hauffbecher (M. D. or other) MD
Address Sedalia Mo Date signed 3-23-40

80
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4
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED FILED STATE OFFICE
INDEX CARD RETURNED TO DISTRICT
DATE APR 5 - 1940

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.....

Geo Dillard

Licensed Embalmer No. *3868*

P. O. Address.....

Sidalia, 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.