S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

26121

State File No.

Registration District No. 751 Primary Registration District No. 5995 Registrar's No. 1448

1. PLACE OF DEATH:

(a) County Ripley

(b) ~~City or town~~ Rural Washington Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ripley

(c) City or town Rural
(If outside city or town limits write "RURAL")

(d) Street No. Naylor Rt. 1
(If rural, give location)

(e) If foreign born, how long in U. S. A.? — years.

3. (a) PRINT FULL NAME Eula Ann Hinson 525

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Larkin W. Hinson

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 23 (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	3	25	hr. min.

9. Birthplace Lewis County (City, town, or county) Tenn. 1 (State or foreign country)

10. Usual occupation housewife 1

11. Industry or business 1

FATHER
12. Name G.W. Hardin
13. Birthplace (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name Liza Willis
15. Birthplace Murray Co. (City, town, or county) Tenn (State or foreign country)

16. (a) Informant L.W. Hinson
(b) Address Naylor Rt. 1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 18 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Palestine Cmt. Middlebrook, Ark.

18. (a) Signature of funeral director Black's Mortuary
(b) Address Honiphan, Missouri

19. (a) June 20 1940 (Date received local registrar) (b) H Ewbutt (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18th year 1940 hour 1 minute 30 A.M.

21. I hereby certify that I attended the deceased from June 11, 1940, to June 18, 1940; that I last saw her alive on June 11, 1940; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial degenerations	
Due to chronic nephritis	
Due to —	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations none	
Of autopsy none	

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

23. Signature H Ewbutt (M. D. or other) 1
Address naylor mo Date signed 6/20 40

(Licensed Embalmer's Statement on Reverse Side)

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. 8
District File Number 740 812
Date Filed 7-25-40

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.