

Registration District No. **384**

Primary Registration District No. **4227**

Registrar's No. _____

FILED OCT 30 1940

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

I. PLACE OF DEATH:

(a) County HOWELL
 (b) City or town WEST PLAINS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
912 WORCESTER
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution No. **2**
(Specify whether years, months or days)
 In this community 45 YEARS.

8. (a) PRINT FULL NAME FLORENCE OWLSLEY HINES

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 WIDOWED

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

7. Birth date of deceased NOVEMBER 24, 1855
(Month) (Day) (Year)

8. AGE: Years 84 Months 9 Days 26 If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name JOHN N. OWLSLEY

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

14. Maiden name J.S. ENLOW

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

16. (a) Informant John O. Hines

(b) Address WEST PLAINS, MISSOURI

17. (a) BURIAL (b) Date thereof SEPT. 22, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WEST PLAINS, MO.

18. (a) Signature of funeral director Hal Shomburg

(b) Address WEST PLAINS, MISSOURI

19. (a) 9-22-40 (b) Vida W. SIMONS
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HOWELL
 (c) City or town WEST PLAINS, MO.
(If outside city or town limits, write "RURAL")
 (d) Street No. 912 WORCESTER
(If rural, give location)
 (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20
 year 1940 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from May 5, 1940, to September 20, 1940;
 that I last saw her alive on September 18, 1940;
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 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) _____

(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? _____

344 While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Robert Logan (M.D. or other) _____

Address West Plains, Mo. Date 9/30/40

RECEIVED

APR 20 1942

District Health Officer No. 5,

District File Number. 1640972

Date Filed _____

OCT 2 1942

OCT 2 1947

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, Hal Thornburgh, Registered Apprentice No. _____, working under my personal supervision.

Signed

Hal Thornburgh

Licensed Embalmer No. 3408

P. O. Address West Plains

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.