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7-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

35577

State File No.

Registration District No. 411

Primary Registration District No. 2002

Registrar's No.

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

1. PLACE OF DEATH:
(a) County JASPER
(b) City or town JOPLIN (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 802 Chestnut 2 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community ALL HIS LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County JASPER.
(c) City or town JOPLIN (If outside city or town limits, write "RURAL")
(d) Street No. 802 CHESNUTT (If rural, give location)
(e) If foreign born, how long in U. S. A.? no- years.

3. (a) PRINT FULL NAME FAGAN R. HINCKLEY.
3. (b) If veteran, name war NO
3. (c) Social Security No. 491-01-1927
4. Sex MALE
5. Color or race W
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MYRTLE
6. (c) Age of husband or wife if alive 58 years
7. Birth date of deceased APRIL (Month) 6th (Day) 1884 (Year)

8. AGE: Years 56 LAST | Months 5 | Days 28 | If less than one day ___ hr. ___ min.

9. Birthplace JOPLIN (City, town, or county) MO. (State or foreign country) 0
10. Usual occupation SALESMAN. 1
11. Industry or business " " 1

FATHER
12. Name FREDRICK J. HINCKLEY.
13. Birthplace (City, town, or county) NEW YORK (State or foreign country)

MOTHER
14. Maiden name EMMA H COATS.
15. Birthplace (City, town, or county) NEW YORK (State or foreign country)

16. (a) Informant Myrtle B Hinckley
(b) Address Joplin Mo
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10/7/40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt HOPE CEMETERY
18. (a) Signature of funeral director Hirschbuhl Co
(b) Address Joplin Mo
19. (a) 10-7-40 (Date received local registrar) (b) Ed D James (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 4 year 1940 hour 12 minute 45 p M.
21. I hereby certify that I attended the deceased from 9-7-39, 1939, to 10-4, 1940 that I last saw him alive on 10-4-40, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	30 min.
Due to Carcinoma of Prostate	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51

Major findings:
Of operations Carcinoma of Prostate
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? 377 (Specify type of place)
While at work? (e) Means of injury

23. Signature Paul W. Walker (M. D. or other) MD
Address Pricobldg Joplin Date signed 10-7-40

(Licensed Embalmer's Statement on Reverse Side)

40-11-507

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 Perry K. Hurlbut

Licensed Embalmer No. 959

P. O. Address Joplin Mo.

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

If this body is not embalmed, fact should be so stated above.